



State of Ohio
 State Employment Relations Board
 65 East State Street, 12th Floor
 Columbus, Ohio 43215-4213
 (614) 644-8573

<http://www.serb.state.oh.us/2000%20forms/ULP/ULPC.PDF>

Case No.

UNFAIR LABOR PRACTICE CHARGE

INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address. Serve *one copy* on the party against whom the charge is brought. See Ohio Administrative Code Rule 4117-1-02. If more space is required for any item, attach additional sheets; please number the items accordingly.
NOTE: If you wish to file unfair labor practice charges against both the employer and the union, then separate Unfair Labor Practice Charge forms must be filled out. For the form(s) to be filed against the union, fill out all sections of this form. For the form(s) to be filed against the employer, fill out all sections except section four, which is used to identify the employer for charges filed against the union or its representative(s).

1. Party Filing Charge: (Check One)

Employee Organization/Union Employee Employer Other _____

Name: _____

Address: _____	Telephone: work () home ()
----------------	---------------------------------------

City, County, State, Zip: _____	E-mail: _____
---------------------------------	---------------

2. Name of Person Representing the Party Filing Charge:
 (Representative must file a Notice of Appearance form.)

Address: _____	Telephone: ()
----------------	-------------------

City, State, Zip: _____	E-mail: _____
-------------------------	---------------

3. Party Against Whom This Charge is Brought: (Check Only One)

Employee Organization/Union Employee Employer Other _____

Name: _____

Address: _____	Telephone: ()
----------------	-------------------

City, County, State, Zip: _____	E-mail: _____
---------------------------------	---------------

4. Employer: (If different from item 1 or 3)

Address: _____	Telephone: ()
----------------	-------------------

City, County, State, Zip: _____	E-mail: _____
---------------------------------	---------------

5. Basis of Charge: The party against whom this charge is brought was engaged in or is engaged in unfair labor practices within the meaning of Ohio Revised Code Section 4117.11. (Check appropriate subsections only.)

Charges against employers: (A)(1) (A)(2) (A)(3) (A)(4) (A)(5) (A)(6) (A)(7) (A)(8)

Charges against unions or employees: (B)(1) (B)(2) (B)(3) (B)(4) (B)(5) (B)(6) (B)(7) (B)(8)

6. Statement of Facts: Provide a clear and concise statement of the facts constituting the alleged unfair labor practice(s), including the names of individuals involved and the dates and places of the occurrences giving rise to the charge. (If more space is required, add additional sheets.)

Empty space for providing the Statement of Facts.

A failure to provide the above information could result in the charge being dismissed for failure to provide a clear and concise statement.

DECLARATION

I declare that I have read the contents of this Unfair Labor Practice Charge and that the statements it contains are true and correct to the best of my knowledge and belief.

To distinguish originals, please do not use black ink for signatures.

Signature of Person Attesting to Content of Form

Date

Print or Type Name

THIS UNFAIR LABOR PRACTICE CHARGE WILL NOT BE ACCEPTED FOR FILING UNLESS THE PROOF OF SERVICE IS FULLY COMPLETED AND BEARS AN ORIGINAL SIGNATURE OF A REPRESENTATIVE OF THE PARTY FILING THE CHARGE.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Unfair Labor Practice Charge has been sent or delivered to:

(Name and complete address of party against whom this charge is brought)

By Regular U.S. Mail Certified U.S. Mail Hand Delivery Other _____

this _____(day) of _____(month), _____(year).

Signature of Person Attesting to Service of Form

Print or Type Name