



State of Ohio  
State Employment Relations Board  
65 East State Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-4213  
(614) 644-8573  
ULP@SERB.ohio.gov

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:** Check all the boxes that apply. (See item #5 on the instructions for a link to the information needed to complete this section).

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

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

Jurisdictional Work Dispute O.R.C. 4117.11(D)

**6. Statement of Facts:** Provide a detailed statement of the facts explaining the alleged violation(s). Include who, what, where, when, how, and all dates. If you need more space, you may attach a separate sheet containing the Statement of Facts.

Empty lines for providing a detailed 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 Confirming the 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 Confirming Service of Form

Print or Type Name

# State Employment Relations Board

## Instructions for completing the Unfair Labor Practice (ULP) Charge Form

### Box: Information Requested

- 1 **Party Filing Charge** - Fill in complete name, address, & phone number(s) of the person or entity filing the charge, including email address.
- 2 **Name of Person Representing the Party Filing Charge** - Fill in complete name, address, & phone number of the person representing the person or entity in Box 1, including an email address.
- 3 **Party Against Whom This Charge is Brought** - Fill in complete name, address, & phone number of the party against whom the charge is being brought, including an email address.
- 4 **Employer** - Fill in complete name, address, & phone number of the Employer, if different from the name entered in Box 3, including an email address.
- 5 **Basis of Charge** – Check all the boxes that apply (go to [Unfair Labor Practice Allegations](#) for a complete listing).
- 6 **Statement of Facts** – Provide a detailed statement of the facts explaining the alleged violation(s) (include: who, what, where, when, how, and all dates). If you need more space, you may attach a separate sheet containing the Statement of Facts.
- 7 **Declaration** – Requires the signature and printed name of the person confirming that the information provided is true to the best of their knowledge and must include the date.
- 8 **Proof of Service** – The person filing the charge must sign and print name confirming that an exact copy of the charge was delivered to the person or entity the charge is filed against. The box indicating how the charge was delivered must be checked and the date the charge was delivered

must be filled in. The person filing the charge signs the bottom line of the form.

**NOTE: An Unfair Labor Practice charge must be mailed or hand delivered in hard copy and contain an original signature. SERB's address is in the top left corner of the form.**

**NOTE: If filing against both the Employer and the Union, separate unfair labor practice charge forms must be filed for each.**

### COMPLETION CHECKLIST

#### Did you remember to:

- ✓ Provide accurate email addresses in Boxes 1-4 (if applicable).
- ✓ Use complete names, addresses, & phone numbers in Boxes 1-4.
- ✓ Check the appropriate charges listed in Box 5 (go to [Unfair Labor Practice Allegations](#) for a complete listing).
- ✓ Provide a detailed Statement of Facts in Box 6 (including: who, what where, when, how & all dates) or attach the separate sheet containing the Statement of Facts.
- ✓ Sign, print name and date in the Declaration Box in blue ink.
- ✓ Complete all the information in the Proof of Service Box and sign and print name in blue ink on the last line.
- ✓ Mail the original form and one (1) copy to SERB at the address listed in the top left corner of the charge.