



COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF LABOR RELATIONS
 CHARGE OF UNFAIR WORK PRACTICE
 M.G.L. c.150F

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Answer all applicable questions. Failing to provide information may result in the dismissal of the charge.

| | | |
|---|------------------------------|---------------------|
| 1. Transportation Network Company | 2. Representative to contact | 4. Telephone Number |
| 3. Address (street and No., city/town, state, and ZIP code) | | 5. Email Address |
| 6. Transportation Network Driver Organization (if any): | 7. Representative to contact | 9. Telephone Number |
| 8. Address (street and No., city/town, state, and ZIP code) | | 10. Email Address |

11. This charge is filed against (check one)

Transportation Network Company (TNC) Transportation Network Driver Organization (TNDO)

12. The above named TNC or TNDO has engaged or is engaging in an unfair work practice within the meaning of Massachusetts General Law, Chapter 150F, Section(s) (enter all appropriate sections/subsections)

Failing to specify an appropriate section/subsection may result in the dismissal of the charge.

13. Summary of basis of Charge (be specific as to names, dates, addresses, etc.)

By these and other acts, the party complained of has interfered with, restrained, and/or coerced rights guaranteed by the Law.

14. (a) Is there a Final Determination (Collective Bargaining Agreement) that may apply to the conduct that is alleged to have violated the Law? Yes No

(b) If you checked "Yes" in question 14(a), please list all of the clauses alleged to apply and attach a copy of each.

(c) Is there a grievance concerning this matter pending? Yes No

15. Without limiting your rights to later amend your remedial request, please explain what remedy you seek.

16. Have you attempted to settle this case? Yes No
If not, why not?

Note: The DLR may decline to issue a complaint unless reasonable settlement efforts have been made by the charging party. 456 CMR 24.11 incorporating 456 CMR 15.04(1)

INFORMATION ON CHARGING PARTY

| | | |
|--|-------------------------------|----------------------|
| 17. Name | 18. Representative to contact | 20. Telephone Number |
| 19. Address (street and No., city/town, state, and ZIP code) | | 21. Email Address |
| 22. The Charging Party is an: <input type="checkbox"/> Individual <input type="checkbox"/> TNDO <input type="checkbox"/> TNC | | |

DECLARATION

I have read the above charge of unfair work practice and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

| | | |
|--|-----------|------------------|
| Name (print) | Signature | Title (if any) |
| Address (street and no., city/town, state, and ZIP code) | | Telephone Number |

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Charge of Unfair Work Practice on the following representative of the opposing party.

| | | |
|--|--|------------------|
| Name | Address (street and no., city/town, state, and ZIP code) | Telephone Number |
| Method of Service <input type="checkbox"/> Email <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____ | | |
| Signature of Person making Certification | | Telephone Number |