



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
CHARGE OF PROHIBITED PRACTICE**

Case No. DO NOT WRITE	Date Filed DATE HERE
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INSTRUCTIONS: Answer all applicable questions. Failure to provide information may result in the dismissal of the charge. File an original and two (2) copies of this form with the Division.

1. Employer	2. Representative to contact	4. Telephone Number
3. Address (street and No., city/town, state, and ZIP code)		5. Fax Number
6. Employee Organization (if any):	7. Representative to contact	9. Telephone Number
8. Address (street and No., city/town, state, and ZIP code)		10. Fax Number

11. This charge is filed against (check one)

Employer Employee Organization

12. The above named employer or employee organization has engaged or is engaging in a prohibited practice within the meaning of Massachusetts General Law, Chapter 150A, 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.) Attach additional sheets, documents and/or affidavits if necessary. Please note: failure to allege specific facts may/will result in dismissal of the charge.

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

Have you filed a charge concerning the same allegations with the National Labor Relations Board? Yes No

15. (a) Is there a 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 15(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

16. Without limiting your rights to later amend your remedial request, please explain what remedy you seek. Include the amount of any financial remedy to which you claim entitlement.

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

Note: The Division may decline to issue a complaint unless reasonable settlement efforts have been made by the charging party 456 CMR 15.04(1). The Division may refer the charge to a Division mediator for settlement discussions.

INFORMATION ON CHARGING PARTY

18. Name	19. Representative to contact	21. Telephone Number
20. Address (street and No., city/town, state, and ZIP code)		22. Fax Number
23. The Charging Party is an: <input type="checkbox"/> Individual <input type="checkbox"/> Employee Organization <input type="checkbox"/> Employer		

DECLARATION

I have read the above charge of prohibited 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 Prohibited 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"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number