

UNFAIR LABOR PRACTICE CHARGE

DO NOT WRITE IN THIS SPACE:	Case No: _____	Date Filed: _____
Dated served on Charged Party: _____		
INSTRUCTIONS: To file an unfair labor practice charge, please complete this charge form in either a paper or electronic format. If more space is needed for any item on this form, attach additional sheets and number items. PLEASE BE ADVISED that some information contained in this form is public under the Minnesota Government Data Practices Act, Minn. Stat. 13.7909, Subd. 2 (2023).		
1. IS THIS AN AMENDED CHARGE? YES IF SO, CASE NO. NO		
2. CHARGING PARTY: EMPLOYEE EMPLOYEE ORGANIZATION EMPLOYER EXCLUSIVE REPRESENTATIVE EMPLOYER ORGANIZATION OTHER		
Full name of charging party: _____		
Mailing address (Street, city, state, and ZIP code): _____ _____		
Telephone number: _____		
E-mail address: _____		
Representative, if any (e.g., attorney, union representative, human resource director):		
Name and title: _____		
Mailing address (if different from above): _____ _____		
Telephone number: _____		
E-mail address: _____		
The Charging Party agrees, in accordance with Minnesota Rules 7325.0100, Subp. 2.D., to accept service by email of any materials related to this case from PERB or from any party to the case.		
YES NO		

3. CHARGE FILED AGAINST (mark only one): EMPLOYEE ORGANIZATION EMPLOYEE EMPLOYER

Full name of Employee Organization, Employee, or Employer:

Mailing address (Street, city, state, and ZIP code):

Telephone number: _____

Charged party's representative, if any: (e.g., attorney, union representative, human resource director):

Name and title: _____

Mailing Address (if different from above):

Telephone number: _____

E-mail address: _____

4. STATUTORY SECTIONS ALLEGEDLY VIOLATED (MINN. STAT. 179.11, 179.12 OR 179A.13)

Please provide the specific provision(s) that is alleged to have been violated.

5. STATEMENT OF CHARGE

Provide a clear and concise statement of the conduct alleged to constitute an unfair labor practice including, where known, the dates, time, and place of each instance of charged party's conduct, and the name and capacity of each person involved. This must be a statement of the facts that support your claim and not conclusions of law. (Use and attach additional sheets of paper, if necessary.)

6. REMEDY SOUGHT

Please provide a brief statement of the relief or remedy sought by the charging party.

7. DECLARATION

I have thoroughly read the above charge. The statements contained therein are true to the best of my knowledge and belief.

_____ (Type or Print Name)

_____ (Signature)

Title, if any: _____

Date: _____

NOTE: Minnesota Rules 7325.0100, Subp. 4, requires that the charging party serve a complete copy of a charge or amended charge on all charged parties. Minnesota Rules 7325.0100, Subp. 2, specifies the permitted forms of service. PERB's rules are available at: <https://www.revisor.mn.gov/rules/agency/169>