



14. (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 14(a), please list all of the clauses alleged to apply and attach a copy of each.

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(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. Include the amount of any financial remedy to which you claim entitlement.

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

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*Note: The DLR may decline to issue a complaint unless reasonable settlement efforts have been made by the charging party. 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. Fax Number
22. 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