

## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR RELATIONS CHARGE OF PROHIBITED PRACTICE M.G.L. c.150E

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			

IINO	TRUCTIONS: Answer all applicable question	ns. Failing to provide information may result in	the dismissal of the charge.		
Note: Pursuant to 456 CMR 15.04, the DLR will not issue a complaint unless the charging party has complied with the applicable provisions of M.G.L. c.150E, §§13 and 14.					
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, a	and ZIP code)	10. Fax Number		
11.	This charge is filed against (check one)  Employer	Employee Organization			
12.					

14.	(a) Is there a collective bargaining agreement that malleged to have violated the Law?	nay apply to the conduct that is	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 pend	ling?	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? If not, why not?		Yes No			
	Note: The DLR may decline to issue a complaint unless reasonathe charging party. 456 CMR 15.04(1).	able settlement efforts have been made by				
	INFORMATIO	ON ON CHARGING PARTY				
17.	Name	18. Representative to contact	20. Telephone Number			
19.	Address (street and No., city/town, state, and ZIP co	ode)	21. Fax Number			
22.	The Charging Party is an: Individual	Employee Organization	Employer			
		DECLARATION				
	e read the above charge of prohibited practice ar mation contained in it is true and complete to the		of perjury that the			
Nam	e (print) Signature		Title (if any)			
Addr	ess (street and no., city/town, state, and ZIP code)		Telephone Number			
<u> </u>		FICATE OF SERVICE	1			
	eby certify that I have served a copy of this Charquising party.	ge of Prohibited Practice on the followi	ng representative of the			
Nam	e Address (street	and no., city/town, state, and ZIP code)	Telephone Number			
Meth	od of Service In hand	First Class Mail Other (spe	ecify):			
Sign	ature of Person making Certification		Telephone Number			