

**STATE OF FLORIDA
PUBLIC EMPLOYEES RELATIONS COMMISSION
4050 Esplanade Way
Tallahassee, Florida 32399-0950
(850) 488-8641**

CHARGE AGAINST EMPLOYER

Do Not Write In This Box

CASE NUMBER

CA-

DATE FILED

INSTRUCTIONS:

Submit an original and one (1) copy of this charge to the Public Employees Relations Commission along with proof of simultaneous service upon the other parties. (NOTE: The charge must be accompanied by sworn statements(s), and where applicable, documentary evidence in support of the allegations of the charge. Such supporting evidence and documentary evidence is NOT to be attached to the charge and need not be served upon the other parties.)

The Charging Party alleges that the public employer or its agents named below have engaged in (an) unfair labor practice(s). Charging Party requests the Public Employees Relations Commission to process this charge under its proper authority.

1. NAME OF CHARGING PARTY: _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

_____ Zip Code

2. CHARGING PARTY REPRESENTATIVE: _____

Title: _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

_____ Zip Code

3. NAME OF EMPLOYER: _____

Address: _____

_____ Zip Code

4. EMPLOYER REPRESENTATIVE: _____

Title: _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

_____ Zip Code

5. The above-named employer or its agents have engaged in (an) unfair labor practice(s) within the meaning of Section 447.501(1)(a) and _____, Florida Statutes.

(list sections)

6. BASIS OF CHARGE: (Specify facts, names, places, dates, etc. If more space is needed, attach additional pages.)

I have read the charge. The statements contained therein are true to the best of my knowledge and belief. A copy of this fully executed form has been mailed or delivered to the representative(s) of the employer and any other party.

Signature of Charging Party Representative

NOTARY STATEMENT:

STATE OF FLORIDA COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

by _____
(name of person making statement)

(Notary Public Signature)

My Commission Expires: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**FALSE STATEMENTS MAY RESULT IN FINE AND IMPRISONMENT
PURSUANT TO CHAPTER 837, FLORIDA STATUTES**