IL 548-0040

STATE OF ILLINOIS
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYEE ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Complete and submit this form and any attachments to the Illinois Educational Labor Relations Board to file a charge against the Union/Employee Organization. The form may be filed in either of the Board's offices, via mail, in person, facsimile or at ELRB.mail@illinois.gov. If more space is required, attach additional sheets and number accordingly.

1. EMPLOYEE ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name of Union/Employee Organization

b. Representative to Contact

c. Telephone No. and Email address:

d. Address *(street, city, state, and ZIP code)*

e. The above-named organization(s) or its agents has *(have)* engaged in and is *(are)* engaging in unfair labor practices within the meaning of section *14(b),* subsection(s) _____ of the Illinois Educational Labor Relations Act, and these actions are unfair labor practices
(list subsections)
within the meaning of the Illinois Educational Labor Relations Act.

2. Basis of the Charge *(be specific as to facts, names, addresses, dates, places, etc. If more space is required, attach additional sheets and number accordingly. Supporting documents filed with this charge will be considered part of the charge and will be served on the Employer.)*

3. Relief Sought

4. Name of Employer

5. Telephone No. and Email

6. Location Involved *(street, city, state, and ZIP code)*

7. Employer Representative to Contact

8. Full Name of Party Filing Charge

9. Address of Party Filing Charge *(street, city, state, and ZIP code)*

10. Telephone No. and Email

11. DECLARATION

I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.

By _____ _____
(signature of representative or person making charge) *(title or office, if any)*

Address _____

(date)