

STATE OF ILLINOIS  
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

INSTRUCTIONS: File an original and 2 copies of this charge with IELRB Executive Director at the IELRB Office in Chicago or Springfield.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

b. Address (street, city, state, ZIP code)

c. Employer Representative

d. Telephone No.

e. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 14(a), subsections (list subsections) \_\_\_\_\_ of the Illinois Educational Labor Relations Act, and these unfair labor practices are unfair practices within the meaning of the Act.

2. Basis of the Charge (be specific as to facts, names, addresses, locations involved, dates, places, etc.)

3. Relief Sought

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 14 of the Act.

4. Full name of party filing charge (if employee organization, give full name, including local name and number)

5a. Address (street and number, city, state, and ZIP code)

5b. Telephone No.

6. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

7. DECLARATION

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

By \_\_\_\_\_  
(signature of representative or person making charge)

\_\_\_\_\_ (title if any)

Address \_\_\_\_\_

\_\_\_\_\_ (Telephone No.)

\_\_\_\_\_ (date)

STATE OF ILLINOIS  
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYEE ORGANIZATION OR ITS AGENTS

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

INSTRUCTIONS: File an original and 2 copies of this charge with the IELRB Executive Director at the IELRB Office in Chicago or Springfield.

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

a. Name \_\_\_\_\_ b. Union Representative to Contact \_\_\_\_\_

c. Telephone No. \_\_\_\_\_ c. 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 unfair labor practices are unfair labor practices within the meaning of the Act.  
*(list subsections)*

2. Basis of the Charge (be specific as to facts, names, addresses, dates, places, etc.)

3. Relief Sought

4. Name of Employer \_\_\_\_\_

5. Telephone No. \_\_\_\_\_

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. \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_ *(Telephone No.)*

\_\_\_\_\_ *(date)*