STATE OF OREGON, EMPLOYMENT RELATIONS BOARD
DUTY OF FAIR REPRESENTATION
UNFAIR LABOR PRACTICE COMPLAINT

File your complaint (with any attachments) and pay the $300 filing fee on our online Case Management System-CMS. Alternative filing options detailed in the instructions.

If using our online CMS, you will be directed to a payment option to pay the required $300 filing fee. At this time, only ACH payments (*i.e.*, those using a checking account) can be processed through our CMS—**credit card payments are not currently supported.** If you do not use our online payment system, you may also mail the $300 filing fee, or make arrangements with an ERB staff member for in-person delivery. Your filing is not complete until the $300 is paid. There is an additional $25 fee to file a document by fax.

For ERB Use Only

Case No. _____

Date Filed _____

1. COMPLAINANT Name, address, phone number, and email address.	2. COMPLAINANT'S REPRESENTATIVE Name, address, phone number, and email address.
3. RESPONDENT LABOR ORGANIZATION Name, address, phone number, and email address.	4. LABOR ORGANIZATION'S REPRESENTATIVE Name, address, phone number, and email address.
5. RESPONDENT EMPLOYER Name, address, phone number, and email address.	6. EMPLOYER'S REPRESENTATIVE Name, address, phone number, and email address.

7.

☐ Complainant alleges that Respondent Labor Organization has violated ORS 243.672(2)(a), which makes it an unfair labor practice for a labor organization or its designated representative to interfere with, restrain or coerce any employee in or because of the exercise of any right guaranteed under ORS 243.650 to 243.809.

☐ Complainant also alleges that Respondent Employer has violated ORS 243.672(1)(g), which makes it an unfair labor practice for a public employer or its designated representative to violate the provisions of any written contract with respect to employment relations including an agreement to arbitrate or to accept the terms of an arbitration award, where previously the parties have agreed to accept arbitration awards as final and binding upon them. (Check box if applicable to this Complaint.)

8. This Complaint includes the following requests (check all that apply):

☐ A request that the Board award a civil penalty, pursuant to ORS 243.676(4) and OAR 115-035-0075.

☐ A request that the Board order reimbursement of the filing fee, pursuant to ORS 243.672(6) and OAR 115-035-0075.

☐ A request that the Board expedite all or part of this Complaint, pursuant to OAR 115-035-0060.

9. Statement of Claims

You must attach a statement of claims to this Complaint. The statement must provide the following information:

- A clear and concise statement of the facts involved in each alleged unfair labor practice (including relevant dates, names, places, and actions);
- A specific reference to each section and subsection of the law allegedly violated; and
- A brief description of the remedies Complainant is seeking.

If you refer to documents in the statement of claims, you may attach copies of those documents to the statement.

If you are requesting a civil penalty and/or fee reimbursement, the statement of claims must also include an explanation of why you believe a civil penalty and/or filing-fee reimbursement is appropriate in your case, and a clear and concise statement of the facts alleged in support of the request(s). *See* OAR 115-035-0075.

If you are requesting expedited processing, you must also provide the affidavit required by the Board's rules. *See* OAR 115-035-0060.

I certify that the statements in this Complaint and the attached statement of claims are true to the best of my knowledge and information.

By: _____

Signature of Complainant or Complainant's Representative

_____ _____

Title Date