

**STATE OF OREGON, EMPLOYMENT RELATIONS BOARD
PRIVATE SECTOR
UNFAIR LABOR PRACTICE CHARGE**

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. CHARGING PARTY

Name, address, phone number, and email address.

2. CHARGING PARTY'S REPRESENTATIVE

Name, address, phone number, and email address.

3. RESPONDENT

Name, address, phone number, and email address.

4. RESPONDENT'S REPRESENTATIVE

Name, address, phone number, and email address.

5. Brief description of the nature of Respondent's business:

6. Charging Party alleges that Respondent has violated the following sections and sub-sections of the private sector labor-management relations law, ORS 663.005-663.295: _____.

7. You must attach a statement of claims to this Charge. 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 Charging Party is seeking.

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

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

By: _____
Signature of Charging Party or Charging Party's Representative

Title

Date