

# CHARGE

Authority: P.A. 380 of 1965, as amended.

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed

**INSTRUCTIONS:** File an **original** and **4 copies** of this charge (including any attachments) with the Employment Relations Commission at: Cadillac Place, 3026 W. Grand Boulevard, Suite 2-750, PO Box 02988, Detroit MI 48202-2988 or 1375 S. Washington St., Lansing MI 48910.

Complete **Section 1** if you are filing charges against an **employer** and/or its agents and representatives.  
 — or —  
 Complete **Section 2** if you are filing a complaint against a **labor organization** and/or its agents and representatives.

If you are filing against both an employer and a labor organization, you must use separate sets of charge forms.

**1. EMPLOYER AGAINST WHICH CHARGE IS BROUGHT**      Check appropriate box:     Private     Governmental

Name and Address:

**2. LABOR ORGANIZATION AGAINST WHICH CHARGE IS BROUGHT**

Name and Address:

**3. CHARGE**

Pursuant to Act 176, Public Acts of 1939, as amended (Labor Mediation Act) or Act 336, Public Acts of 1947, as amended (Public Employment Relations Act) (cross out one), the undersigned charges that the above-named party has engaged in and is engaging in unfair labor practices within the meaning of Section(s) \_\_\_\_\_ of the Act, in that: (Specify in detail the alleged violation, stating the facts supporting the charge including names, dates, places, etc. Use additional sheets if necessary; documentary material and exhibits should be retained until the hearing.)

4. Name and Address of Party Filing Charge (if labor organization, give full name, including local name and number):	Area Code and Telephone Number
--	--------------------------------

**I have read the above charge and it is true to the best of my knowledge and belief.**

\_\_\_\_\_

Signature of Representative or Person Filing Charge

Print Name	Title (if any)	Telephone Number
Address	City	State      ZIP Code