

<b>CITY OF LOS ANGELES EMPLOYEE RELATIONS BOARD</b> 200 N. MAIN ST., SUITE 1100 LOS ANGELES, CALIFORNIA 90012 (213) 473-9700 <a href="http://erb.lacity.org">http://erb.lacity.org</a>	<b>UNFAIR EMPLOYEE RELATIONS PRACTICE CLAIM AGAINST EMPLOYEE ORGANIZATION</b> Original Claim <input type="checkbox"/> Amended Claim <input type="checkbox"/> (Check one)
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1. *Who May File:* Pursuant to §4.860 C of the Employee Relations Ordinance, a claim of unfair employee relations practice may be filed by “an employee representative, an individual or a group of employees, or by a management representative.” 2. *How to File:* Within 90 days after the occurrence of the alleged unfair employee relations practice, file a typewritten or printed original and eight copies of the claim with the Employee Relations Board and simultaneously or printed serve one copy of the claim directly on the party or parties against whom the claim is directed. The claim must also be accompanied by a completed proof of service form. You may file the claim in person or by U.S. Mail; you may not file a claim by email or fax. Refer to Board Rule 8 for additional requirements and procedures.

3. Name of Claimant:	4. Claimant’s Address:
5. Claimant’s Telephone Number:	7. Claimant’s Representative’s Address:
6. Claimant’s Representative (e.g., attorney):	
8. Claimant’s Representative’s Telephone Number:	10. Address of Organization Charged:
9. Name of Organization Charged:	
11. Telephone Number of Organization Charged:	

12. Sections of the Employee Relations Ordinance allegedly violated (check all boxes that apply):  
 §4.860 B, 1 , 2 , and/or 3 .

13. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, if known, the date and place of each instance of respondent’s relevant conduct and the name and capacity of each person involved on behalf of the parties. This must be a statement of the facts that support your claim and *not just conclusions of law*. A statement of the remedy sought should also be provided (attach additional sheets, if needed):

14. Has a grievance been filed over this matter? Yes  No  If yes, attach a copy to this claim.

15. I declare that I have read this charge and that the statements herein are true and factual to the best of my knowledge and belief.	<b>DO NOT WRITE IN THIS BLOCK CLAIM NUMBER:</b>
By: _____ (Printed Name of Claimant’s Representative) (Title)	_____ DATE FILED:
_____ (Signature) (Date)	_____