

STATE OF CALIFORNIA PUBLIC EMPLOYMENT RELATIONS BOARD UNFAIR PRACTICE CHARGE

DO NOT WRITE IN THIS SPACE: Case No: Date Filed:

INSTRUCTIONS: File this charge form via the e-PERB Portal, with proof of service. Parties exempt from using the e-PERB Portal may file the original charge in the appropriate PERB regional office (see PERB Regulation 32075), with proof of service attached. Proper filing includes concurrent service and proof of service of the charge as required by PERB Regulation 32615(c). All forms are available from the regional offices or PERB's website at www.perb.ca.gov. If more space is needed for any item on this form, attach additional sheets and number items.

IS	THIS AN AMENDED CHA	ARGE? YES	If so, Case No.		NO	
1.	CHARGING PARTY:	EMPLOYEE	EMPLOYEE ORGANIZATION	EMPLOYER	PUBLIC ¹	
a.	Full name:					
b.	Mailing address:					
c.	Telephone number:					
d.	Name and title of			E-mail Address:		
	person filing charge:					
	Telephone number:			Fax No.:		
e.	Bargaining unit(s) involved:					
2.	CHARGE FILED AGAINS	ST: (mark one only	y) EMPLOYEE ORGANIZATIO	N EMP	LOYER	
a.	Full name:					
b.	Mailing address:					
c.	Telephone number:					
d.	Name and title of			E-mail Address:		
	agent to contact:					
	Telephone number:			Fax No.:		
3.	3. NAME OF EMPLOYER (Complete this section only if the charge is filed against an employee organization.)					
a.	Full name:					
b.	Mailing address:					
4.	. APPOINTING POWER: (Complete this section only if the employer is the State of California. See Gov. Code, § 18524.)					
a.	Full name:					
b.	Mailing address:					
c.	Agent:					

PERB-61 (02/2021) SEE REVERSE SIDE

An affected member of the public may only file a charge relating to an alleged public notice violation, pursuant to Government Code section 3523, 3547, 3547.5, or 3595, or Public Utilities Code section 99569.

5.	GRII	RIEVANCE PROCEDURE					
	Are the parties covered by an agreement containing a grievance procedure which ends in binding arbitration?						
		Yes No					
6.	STA	TATEMENT OF CHARGE					
	a.		· · · · · · · · · · · · · · · · · · ·				
		Educational Employment Relations Act (EERA) (Gov. Cod	de, § 3540 et seq.)				
		Ralph C. Dills Act (Gov. Code, § 3512 et seq.)					
		Higher Education Employer-Employee Relations Act (HEE	ERA) (Gov. Code, § 3560 et seq.)				
		Meyers-Milias-Brown Act (MMBA) (Gov. Code, § 3500 et	seq.)				
		A Covered Public Utilities Code Transit Employer (BART (Transportation Authority (Pub. Util. Code, § 40000 et seq. County Metropolitan Transportation Authority (Pub. Util. C), and supervisory employees of the Los Angeles				
		Trial Court Employment Protection and Governance Act (71639.5)	Trial Court Act) (Article 3; Gov. Code, § 71630 –				
		Trial Court Interpreter Employment and Labor Relations A seq.)	act (Court Interpreter Act) (Gov. Code, § 71800 et				
	b.	The specific Government or Public Utilities Code section(s), or PER violated is/are:	B regulation section(s) alleged to have been				
	C.	For MMBA, Trial Court Act and Court Interpreter Act cases, if applicable, the specific local rule(s) alleged to have been violated is/are (a copy of the applicable local rule(s) MUST be attached to the charge):					
	d.	d. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, where known, the time and place of each instance of respondent's conduct, and the name and capacity of each person involved. This must be a statement of the facts that support your claim and <i>not conclusions of law</i> . A statement of the remedy sought must also be provided. (<i>Use and attach additional sheets of paper if necessary</i> .)					
DEG!							
1.	doole	clare under penalty of periury that I have read the above charge and the	at the statements herein are true and				
		clare under penalty of perjury that I have read the above charge and that oplete to the best of my knowledge and belief and that this declaration w					
at			(Date)				
at		(City and State)					
		(Type or Print Name)	(Signature)				
Tit	le, if	, if any:					
		ng address:					
Te	leph	phone Number: E-Mail Address:					

PROOF OF SERVICE						
I declare that I am a resident of or employed in the County of,						
State of I am over the age of	18 years. The name and address of my					
Residence or business is						
On . I served the						
On, I served the (<i>Date</i>)	(Description of document(s))					
in Casa No						
(Description of document(s) continued) in Case	PERB Case No., if known)					
on the parties listed below by (check the applicable	e method(s)):					
placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United States Postal Service or private delivery service following ordinary business practices with postage or other costs prepaid;						
personal delivery;						
electronic service - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) or via e-PERB to the electronic service address(es) listed below on the date indicated. (May be used only if the party being served has filed and served a notice consenting to electronic service or has electronically filed a document with the Board. See PERB Regulation 32140(b).)						
(Include here the name, address and/or e-mail address of to	he Respondent and/or any other parties served.)					
I declare under penalty of perjury under the laws of the State of California that the						
foregoing is true and correct and that this declaration was executed on, (Date)						
at(City) (State)	·					
(Type or print name)	(Signature)					

(02/2021) Proof of Service