



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

FOR BOARD USE ONLY

CASE NO: _____
DATE FILED: _____

BOARD OF PERSONNEL APPEALS

UNFAIR LABOR PRACTICE CHARGE

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit original and three copies of this charge to: THE BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA MT, 59620-1503. If more spaces are required for any item, attach additional sheets and number items accordingly.

1. NAME OF CHARGING PARTY: (Complainant):

TELEPHONE:
EMAIL ADDRESS:

2. MAILING ADDRESS OF COMPLAINANT: (Number, Street, City and Zip Code)

3. AFFILIATION (Parent/National Organization, if any):

4. NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE: (Defendant)

TELEPHONE:
EMAIL ADDRESS:

5. MAILING ADDRESS OF DEFENDANT: (Number, Street, City and Zip Code)

6. AFFILIATION (Parent/National Organization, if any):

7. DETAILS OF CHARGE: (A clear and concise statement of facts constituting the alleged violations should be made, including the time and place of occurrence of particular acts, **AND A SPECIFIC STATEMENT OF THE PORTION OR PORTIONS OF THE LAW OR RULES ALLEGED TO HAVE BEEN VIOLATED.**) Attach additional sheets if necessary.

8. If the charge alleges a violation of Section 39-31-401 (5) MCA, or Section 39-31-402 (2) MCA, has the charging party requested the Board of Personnel Appeals to provide mediation assistance, pursuant to ARM 24.26.695 of the Board's rules?
Yes _____ No _____

_____, BEING DULY SWORN DEPOSES AND SAYS, that he/she is the charging party above named, or its representative, that he/she has read the above charge (including attached pages/s) and is familiar with the contents thereof, and the same are true to the best of his/her knowledge.

Signature of Complainant

Title

State of Montana
County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
(Name of Signer)

(Notary's Signature)

[Official Stamp]