



BOARD OF PERSONNEL APPEALS
UNFAIR LABOR PRACTICE CHARGE

FOR BOARD USE ONLY

CASE NO: _____
DATE FILED: _____

Submit this charge to: THE BOARD OF PERSONNEL APPEALS
PO BOX 8011
HELENA MT, 59604-8011
Email dlierbopa@mt.gov

1. NAME OF CHARGING PARTY (Complainant): TELEPHONE:
EMAIL ADDRESS:
2. NAME OF CHARGING PARTY'S ATTORNEY: TELEPHONE:
EMAIL ADDRESS:

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

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

5. NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE: (Defendant) TELEPHONE:
EMAIL ADDRESS:

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

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

8. DETAILS OF CHARGE: A clear and concise statement of facts constituting the alleged violations. Include the time and place of occurrence of particular acts **and a specific statement describing the laws or rules allegedly violated.**

9. 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 _____

10. Other information (attach additional pages if required):

Signature of Complainant

Title