



Montana Department of  
**LABOR & INDUSTRY**  
Employment Relations Division

**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 dlierdbopa@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 <b>and a specific statement describing the laws or rules allegedly violated.</b>	
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 _____	