



State of Oklahoma
Public Employees Relations Board

Unfair Labor Practice Charge

PERB USE ONLY

Case No: _____

PERB P. O. Box 53218
Oklahoma City, OK 73152-3218
Phone: 405.522.6723; Fax: 405.522.6724
Email: perb@omes.ok.gov

Amended Petition in Case No: _____

Instructions: File an original and six (6) copies of this form with the Public Employees Relations Board. Upon filing the Charge, serve a copy of the Charge on each party against whom the Charge is made.

1. PARTIES

The Complainant alleges the Respondent (against whom charge is made) has committed unfair labor practice charge(s) in violation of the laws of the State of Oklahoma.

Respondent:
Contact Person:
Address:
City, Zip Code:
Telephone:
Email:

Attorney or Representative:
Address:
City, Zip Code:
Telephone:
Email:

Complainant:
Contact Person:
Address:
City, Zip Code:
Telephone:
Email:

Attorney or Representative:
Address:
City, Zip Code:
Telephone:
Email:

2. ALLEGED VIOLATION The above-named Respondent has engaged in a violation of (specify statutes):

3. STATEMENT OF FACTS

Set forth clear and concise statements of the facts constituting the unfair labor practice charges (including times, dates, places, and participants in occurrences) in numbered paragraphs.

[Empty box for Statement of Facts]

4. AUTHORIZED SIGNATURE OF COMPLAINANT

I declare that I have read the above Petition and that the statements therein are true to the best of my knowledge and belief.

Name (PRINT): _____

Title: _____

Signature: _____

Date: _____

The rights and remedies of the Complainant and Respondent are described in 11 O.S. § 51-101, et seq.; OR 19 O.S. 901.30, et seq. and in rules promulgated by the PERB.