

**STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD**

IMPROPER PRACTICE CHARGE

INSTRUCTIONS: File an original and four (4) copies of this Charge with the Director of Public Employment Practices and Representation, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering item accordingly.

DO NOT WRITE IN THIS SPACE

Case No. U-

Date Received:

1. CHARGING PARTY

- a. Name (If employee organization, give full name, including any affiliation and local name and number):
- b. Address (No. & Street, City and Zip Code, County, Email):
Telephone Number:
- c. Name and title of the representative filing charge:
- d. Name, address, telephone number, and Email of attorney or other representative, if any, to whom correspondence is to be directed:
Telephone Number:

2. PUBLIC EMPLOYER AND/OR EMPLOYEE ORGANIZATION AGAINST WHICH CHARGE IS BROUGHT

- a. Name and Address (No. & Street, City and Zip Code, County, Email):
- b. Telephone Number:

3. Is the charging party filing a separate application for injunctive relief pursuant to §204.7 of the Board's Rules of Procedure?

YES

NO

4. VIOLATIONS ALLEGED

Pursuant to Article 14 of the Civil Service Law, as amended (Public Employees' Fair Employment Act), the charging party hereby alleges that the above-named respondent(s) has (have) engaged in or is (are) engaging in an improper practice within the meaning of the following subsections of Section 209-a of said Act (check the subsection(s) allegedly violated):

If by a public employer

If by an employee organization

- 209-a.1(a)
- 209-a.1(b)
- 209-a.1(c)
- 209-a.1(d)
- 209-a.1(e)
- 209-a.1(f)
- 209-a.1(g)

- 209-a.2(a)
- 209-a.2(b)
- 209-a.2(c)*

* If the charge alleges a violation of Section 209-a.2(c) of the Act based on an employee organization's processing of or failure to process a claim that a public employer has breached its agreement with such employee organization, identify the public employer:

- a. Name and Address (No. & Street, City and Zip Code, County, Email):
- b. Telephone Number:

