

STATE OF NEW JERSEY PUBLIC EMPLOYMENT RELATIONS COMMISSION PO Box 429 TRENTON, NEW JERSEY 08625-0429

For Courier Delivery 495 West State St. Trenton, NJ 08618

UNFAIR PRACTICE CHARGE

www.state.nj.us/perc

Phone: (609-292-6780	Email: mail@perc.state.nj.us	Fax: 609-777-0089			
			DO NOT WRITE IN THIS SPACE			
Read instructions in the middle of this page		e before completing the form.	DOCKET NO.			
			DATE FILED:			
1. CHA	RGING PARTY					
Full Name:		E-mail Address:	Telephone No.:			
Address of Charg	ging Party (Street and Number, City, State and Zip Code):	•	County:			
Name and Title of Representative/Attorney/Consultant to Contact:		E-mail Address:	Telephone No.:			
Representative/Attorney/Consultant Address (Street and Number, City, State and Zip Code):						
2. RESPONDENT(S) (Must be a public employer and/or employee organization against whom the charge is made. Cannot be an individual person.)						
Respondent 1	Full Name:	E-mail Address:	Telephone No.:			
Address of Respondent (Street and Number, City, State and Zip Code): County:						
Name and Title of Representative/Attorney/Consultant to Contact:		E-mail Address:	Telephone No.:			
Representative/A	ttorney/Consultant Address (Street and Number, City, State	and Zip Code):	•			
Respondent 2 (If Any)	Full Name:	E-mail Address:	Telephone No.:			
Address of Respondent (Street and Number, City, State and Zip Code):		L	County:			
Name and Title of Representative/Attorney/Consultant to Contact:		E-mail Address:	Telephone No.:			
Representative/Attorney/Consultant Address (Street and Number, City, State and Zip Code):						
INSTRUCTIONS FOR FILING AN UNFAIR PRACTICE CHARGE						
(1) Type	or clearly print all information and compl	ete all sections of the charge				
(2) Under Section 3 (Statement of Charge) provide a CLEAR AND CONCISE statement of the specific facts (not just cursory legal allegations) constituting the alleged unfair practice. If you need more space for your statement, then attach it to the charge. You may						
<u>not</u> rely on other documents (such as letters, emails, or memoranda) submitted with the charge to constitute your statement. You must instead identify the relevant facts in your charge.						
` '	Statement of Charge must:					
	st the subsections of the Act alleged to h	, ,				
	pecify the date , and, to the extent known permitted such acts.	, the place the alleged acts occurred an	d the names of the persons alleged to have			
(4) In Se	ction 4 state specifically the remedy you	are asking the Commission to order				

- (5) Sign and date the Certification in Section 6 at the end of the second page. Provide a new signature and date for any amendments.
- File the charge by sending it by email to mail@perc.state.nj.us, by fax to 609-777-0089, or by mail/courier to the addresses above. (6)
- You <u>must</u> include with your filing proof that you served a copy of the charge on the respondent(s). Proof can take the form of a (7) statement explaining how, when, and on whom the charge has been served. You can also CC respondents if filing by email.

A CHARGE WILL NOT BE PROCESSED IF THE ABOVE REQUIREMENTS ARE NOT MET.

3.	STATEMENT OF CHARGE			
List	the subsection(s) of N.J.S.A. 34:13A-5.4(a) that you allege the public employer respondent(s) violated:			
List	List the subsection(s) of N.J.S.A. 34:13A-5.4(b) that you allege the employee organization respondent(s) violated:			

Pursuant to the New Jersey Employer-Employee Relations Act, as amended, the charging party hereby alleges that the above-named respondent(s) engaged in conduct constituting the alleged unfair practice(s) within the meaning of the above-listed subsection(s) in that:

Stat	tement of Charg	ge Continued			
	DEMERY	OUCUT (Ctata tha m			
4.	REMEDY 5	OUGHT (State the re	emedy you request the Commission to order)		
5.	PLEASE At 1) Has a grie		ch is based upon the same facts alleged in the charge or is otherwise related to the charge?		
	□ Yes	□ No	If yes, what is the status of the grievance?		
	2) Are there	any filings at PERC, i	n court, at the Office of Administrative Law, or before any other administrative agency which are		
			d in the charge or are otherwise related to the charge?		
	□ Yes	□ No	If yes, please specify what they are. If possible, please include docket numbers.		
		rties in negotiations?			
	□ Yes	□ No	If yes, in what stage of the negotiations process are the parties (negotiations, mediation, fact-finding, super conciliation, interest arbitration)? Please include the		
			date of the next scheduled negotiations session.		
6.	CERTIFICA	TION			
I de	I declare that I have read the above charge and that the information is true to the best of my knowledge and belief.				
Ву					
		(Signature)	(Title) (Date)		