



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

Fax: 609-777-0089

	<u>DO NOT WRITE IN THIS SPACE</u>
	DOCKET NO.
	DATE FILED:

1. CHARGING PARTY

Full Name:	County:
Address of Charging Party (Street and Number, City, State and Zip Code):	
Name and Title of Representative/Attorney/Consultant to Contact:	Telephone No.:
Representative/Attorney/Consultant Address (Street and Number, City, State and Zip Code):	

2. RESPONDENT(S) (public employer and/or employee organization against whom the charge is made)

Respondent 1	Full Name:	County:
Address of Respondent (Street and Number, City, State and Zip Code):		
Name and Title of Representative/Attorney/Consultant to Contact:		Telephone No.:
Representative/Attorney/Consultant Address (Street and Number, City, State and Zip Code):		

Respondent 2 (If Any)	Full Name:	County:
Address of Respondent (Street and Number, City, State and Zip Code):		
Name and Title of Representative/Attorney/Consultant to Contact:		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 complete all sections of the charge.
- (2) Under "Statement of Charge," provide a **CLEAR AND CONCISE statement of the facts constituting the alleged unfair practice**. If you need more space for your statement, then attach it to the charge. You may **not** rely on other documents (such as letters or memoranda) submitted with the charge to constitute your statement.
- (3) The charge must:
 - a. list the subsections of the Act alleged to have been violated;
 - b. specify the **date**, and, to the extent known, the **place** the alleged acts occurred and the **names** of the persons alleged to have committed such acts.
- (4) State specifically the remedy you are asking the Commission to order.
- (5) Sign the Certification in box #6.
- (6) File an original and four copies with the Director of Unfair Practices, Public Employment Relations Commission, *at the above address*.
- (7) Include with your filing proof that you served a copy of the charge on the respondent(s). Proof can take the form of a statement explaining how, when, and on whom the charge has been served.

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

3. STATEMENT OF CHARGE

Pursuant to the New Jersey Employer-Employee Relations Act, as amended, the charging party hereby alleges that the above-named respondent(s) has (have) engaged or is (are) engaging in an unfair practice within the meaning of [N.J.S.A. 34:13A-5.4\(a\)](#), subsection(s) _____ and/or [N.J.S.A. 34:13A-5.4\(b\)](#), subsection(s) _____ in that: _____ (List subsections)

Statement of Charge Continued

4. REMEDY SOUGHT *(State the remedy you request the Commission to order)*

5. PLEASE ADVISE:

1) Has a grievance been filed which 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, in court, at the Office of Administrative Law, or before any other administrative agency which are based upon the same facts alleged 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.

3) Are the parties 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. CERTIFICATION

I declare that I have read the above charge and that the information is true to the best of my knowledge and belief.

By _____ (Signature) _____ (Title) _____ (Date)