STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No. **ULP-**	**Date Filed**

IN THE MATTER OF

RESPONDENT

-AND-

COMPLAINANT

UNFAIR LABOR PRACTICE CHARGE
PURSUANT TO R.I.G.L. 28-7-13 / 28-7-13(1)
RI STATE LABOR RELATIONS ACT

FILE AN **ORIGINAL, SIGNED IN BLUE INK,** WITH THE BOARD. **THIS FORM MUST BE TYPED**

1. Charge filed by or on behalf of (check one): ◯ Individual ◯ Employee Organization ◯ Employer

If the box titled '**Individual**' is checked and the person is represented by a labor organization, in accordance with the Board's Rules and Regulations, Section 9.01.1: The Complainant "shall attach to the Charge an Affidavit which attests to the Labor Organization's refusal to file."

2. Name of Employer:

   Address:

   Representative (if known): Telephone Number:

3. Name of Employee Organization:

   Address:

   Telephone Number: Facsimile: Email:

4. This charge is filed against: ◯ **EMPLOYER** ◯ **EMPLOYEE ORGANIZATION**

5. State the applicable section or sections of the Act which are alleged to be violated. ***Failure to specify appropriate subsection(s) may result in dismissal of charge***.

   The above named **Employer** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13 Subsection(s) _____ .

   OR

   The above named **Employee Organization** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13.1 Subsection(s) _____ .

6. Summary of basis of Charge. Be specific as to names, dates, addresses, etc.
   (Attach additional sheets if necessary.)

7. Without limiting your rights to later amend your remedial request, please explain what remedy you seek.

PETITIONER_____ **DATE:** _____

SIGNATURE

Name: _____ Title: _____

Address: _____

Telephone: _____ Cellular No.: _____

Facsimile:_____ Email: _____