



STATE OF MARYLAND
STATE LABOR RELATIONS BOARD
Unfair Labor Practice Complaint
COMAR 14.32.05

45 Calvert Street, Room 102
Annapolis, MD 21401
Telephone: (410) 260-7291
Fax: (410) 267-7014

Complete Sections 1 through 5. Please type or clearly print.

1. Complainant (individual/organization filing complaint)

Full Name:

Address of Complainant (Street and Number, City , State and Zip Code):

Telephone Number of Complainant

Organizational affiliation of Complainant (if any):

Name and Title of Representative Filing Complaint (if any):

Address of Representative Filing Complain (if any):

Telephone Number of Representative Filing Complaint

2. Respondent(s) (Public employer and/or employee organization against whom complaint is filed)

Full Name of Respondent(s):

Address of Respondent(s):

3. Statement of facts constituting the alleged prohibited practice including:

- (1) The alleged facts underlying this complaint, including dates, locations, and names of individuals involved, set forth in separately numbered paragraphs; and
- (2) The specific unfair labor practice(s) alleged to have occurred, with each allegation set forth in a separately numbered paragraph.

4. Remedy sought (State the remedy you request the State Labor Relations Board to Order)

5. Declaration

I declare that I have read the above complaint and that, understanding the penalties of perjury, the information is true, based upon knowledge, information, and belief.

Signature: _____

Date: _____

INSTRUCTIONS FOR FILING AN UNFAIR LABOR PRACTICE COMPLAINT
UNDER COMAR 14.32.05

1. The purpose of filing this petition is to: charge the offending party with a violation of the MD Collective Bargaining Law at State Personnel & Pension Article § 3-306. ONLY the exclusive representative (majority employee organization), the State institution employer, or an employee-member of the particular collective bargaining unit involved may file an Unfair Labor Practice Complaint.
2. Type or clearly print all required information. Fill in all sections of the petition. Failure to provide all information required by COMAR 14.32.05, *et seq.* may delay processing of the petition. If you believe that a section of the petition does not apply to your situation, mark the section "N/A" or "none." If you need more space to complete any section, attach additional sheets and number them accordingly.
3. Failure to state the reasons in support of this petition will result in its dismissal.
4. Sign the petition. Submit the original and two (2) copies to the Board Office:

Maryland State Labor Relations Boards
45 Calvert Street, Room 102
Annapolis, MD 21401

5. The Complainant shall serve the respondent(s) with a copy of the complaint by certified mail, return receipt requested, and the complainant shall file proof of service with the Board. The certificate of service shall be signed and shall contain the:
 - (a) Date of Service
 - (b) Manner of Service
 - (c) Name of each individual served; and
 - (d) Address at which each individual was served.