500					DO NOT WRITE IN THIS SPACE	
		-	0455		Case No.	
2	RI STATE LABOR RELATIONS BOARD				ULP-	
	IN THE MATTER OF					
-				AMENDED		
	-AND-				UNFAIR LABOR PRACTICE CHARGE	
_					PURSUANT TO R.I.G.L. 28-7-13 / 28-7-13(1) RI STATE LABOR RELATIONS ACT	
			OMPLAIN	ANI		
FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED						
1.	Charge filed by or on behalf of (check					
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, §1.23(A)(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:					
					Email:	
3.	Name:Employee Organization Individual					
	Address:					
					Email:	
	This charge is filed against:		YER		PLOYEE ORGANIZATION	
5.	State the applicable section or secti Failure to specify appropriate subse					
	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 R.I. Gen. Laws § 28-7-13 Subsection(s)					
6.	Summary of basis of Charge. Be spec		names, date	es, ado	dresses, etc.	
	(Attach additional sheets if necessary.)					
7.	Without limiting your rights to later amend your remedial request, please explain what remedy you seek.					
8	(Attach additional sheets if necessar	v)				
0.	A. Has a grievance been filed, which is	based up			s alleged in the charge or is otherwise related to the	
	charge?	YES	NO	lf ye	es, what is the status of the grievance?	
	B. Are the parties in negotiations?	YES	NO		es, in what stage of the negotiation process are the ties (negotiations, mediation, fact-finding,	
				con	ciliation, interest arbitration)?	
					ase include the date of the next scheduled otiation(s) session.	
Declaration: I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.						
PF	PETITIONER'S SIGNATURE:				DATE:	
Name:				_	Title:	
Address:						
Business Telephone:				Cellular No.:		
Facsimile:				 Email:		