



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

Table with 2 columns: Case No., Date Filed. Includes ULP- label.

IN THE MATTER OF
-AND-
RESPONDENT
COMPLAINANT

AMENDED
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.)

Illegible text, possibly a signature or stamp.

Declaration: I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

PETITIONER DATE:

SIGNATURE

Name: Title:

Address:

Telephone: Cellular No.:

Facsimile: Email: