



**STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD**

DO NOT WRITE IN THIS SPACE
Case No. _____
ULP- _____

<p>IN THE MATTER OF</p> <hr/> <p align="center">-AND-</p> <hr/>	<p>RESPONDENT</p> <hr/> <p>COMPLAINANT</p>
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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, §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: _____
 Representative: _____ Telephone Number: _____ Email: _____

3. Name: _____
 Employee Organization **Individual**
 Address: _____
 Representative: _____ Telephone Number: _____ 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 R.I. Gen. Laws § 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 R.I. Gen. Laws § 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.

8. **(Attach additional sheets if necessary.)**

A. 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?*

B. Are the parties in negotiations? **YES** **NO** *If yes, in what stage of the negotiation process are the parties (negotiations, mediation, fact-finding, conciliation, interest arbitration)? Please include the date of the next scheduled negotiation(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.

PETITIONER'S SIGNATURE: _____
 Name: _____
 Address: _____
 Business Telephone: _____
 Facsimile: _____

DATE: _____
 Title: _____
 Cellular No.: _____
 Email: _____