

## **State of New Hampshire**

Public Employee Labor Relations Board

## **Unfair Labor Practice Complaint**

1.	Charging Party:		
	Representative:		
	Address:		
	E-Mail Address:		
2.	Respondent:		
	Representative:	Title:	
	Address:		
	E-Mail Address:		
3.	Public Employer:		
	Representative:	Title:	
	Address:		
	E-Mail Address:		

New Hampshire Public Employee Labor Relations Board 2 ½ Beacon St., Suite 200, Concord, New Hampshire 03301 603 271-2587 • <a href="www.nh.gov/pelrb">www.nh.gov/pelrb</a> • pelrb@nh.gov

9-15-16

	ment, specify in detail the specific provisions of RSA 273-A:5 allegedly violated an le a complete statement of supporting facts, such as names, dates, times, places, an
	information required under Pub 201.02 (b).
Reme	dy Requested:
	etive Bargaining Agreement: The charging party is required to file an electron of the current and other applicable collective bargaining agreement or a statement the
	greement(s) are already on file with the PELRB. Pub $201.02$ (d)(1) and (2).
Answ	er to Complaint: The respondent shall file its answer at <a href="mailto:pelrb@nh.gov">pelrb@nh.gov</a> with
	days of the date the complaint was filed at the PELRB electronically. In accordance
	Pub 201.03 the respondent shall clearly and concisely answer the allegations in the aint, paragraph by paragraph, and shall specifically deny or admit each allegation

Details of the Charge: In separately numbered paragraphs in the space below, or in an

4.

8.

to be filed.

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the complaint and explain each allegation about which the respondent has knowledge.

complaint filed by it or against it or delivered to it at locations where such employees who might be directly affected by the board's disposition of the complaint work not later than the date on which it files its answer or on which it receives the answer of the charged party, or not later than 15 days after the receipt of the complaint if no answer to the complaint is

**Posting of Complaint**: The public employer shall post and display copies of any

## **Execution of Complaint:**

State of New Hampshire County of	
, first bein complaining party and the allegations in this c information and belief.	g duly sworn, does depose and say that I am the complaint are true to the best of my knowledge,
Date:	
(Complaining Party Signature)	(Print or type name)
Subscribed and sworn to before me this	_ day of, 20
(Notary Public/Justice of the Peace) My Commission Expires:	
Certificate	e of Service
I hereby certify that on	(date) a copy of this complaint was
provided by electronic mail if available and by r	egular mail or hand delivery to:
(Name of Representative for Respondent)	
And	
(Name of Representative for Public Employer)	
Date:	<u> </u>
	Signature
	Print or type name

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