

**CITY OF LOS ANGELES
EMPLOYEE RELATIONS BOARD**
200 NORTH MAIN STREET, SUITE 1100
LOS ANGELES, CALIFORNIA 90012
(213) 473-9700

**UNFAIR
EMPLOYEE RELATIONS
PRACTICE CLAIM AGAINST
MANAGEMENT**

- Who May File a Claim:** In accordance with §4.860 C of the Los Angeles City Employee Relations Ordinance, a claim of unfair employee relations practice may be filed against management by an employee representative, an individual employee or a group of employees, or by a management representative.
- How to File:** Within 90 days after the occurrence of the alleged unfair employee relations practice, file a typewritten original and eight copies of the claim with the Employee Relations Board and simultaneously serve one copy of the claim directly on the party or parties against whom the claim is directed. Use additional sheets if necessary. You may file the claim in person or by mail; you may not file a claim by fax. Refer to Employee Relations Board Rule 8 for additional requirements and procedures.

3. Name of Claimant:

4. Claimant's Address:

5. Claimant's Telephone Number:

6. Claimant's Representative (e.g., attorney):

7. Claimant's Representative's Address:

8. Claimant's Representative's Telephone Number:

9. Name of Employer Charged:

10. Employer's Address:

11. Employer's Telephone Number:

12. Management has violated and/or is violating the following sections of the Los Angeles City Employee Relations Ordinance (check all boxes that apply): §4.860 A, 1 , 2 , 3 , 4 , and/or 5 .

13. Basis of this claim (be specific about facts, names, dates, and places; use additional sheets if needed):

14. Other attempts to remedy this alleged violation, and the results of those attempts.

15. I declare that I have read this charge and that the statements herein are true and factual to the best of my knowledge and belief.

By: _____ (Claimant) _____ (Title)

(Signature) (Date)

NOTE: If this claim is filed by more than one party, the signatures of the additional parties must be provided on an attached sheet.

DO NOT WRITE IN THIS BLOCK
CLAIM NUMBER:

DATE FILED: