

**STATE OF KANSAS - PUBLIC EMPLOYEE RELATIONS BOARD - TOPEKA, KANSAS 66603-3182**

**COMPLAINT AGAINST EMPLOYER, EMPLOYEE ORGANIZATION OR EMPLOYEE(S)**

FILED BY:  Employer  
 Employee Organization  
 Employee(s)

Do Not Write In This Space  
CASE NO. \_\_\_\_\_  
DATE FILED: \_\_\_\_\_

**INSTRUCTIONS:** File an **original and five copies** of this Complaint with the Public Employee Relations Board, 401 SW Topeka Blvd., Topeka, Kansas 66603-3182 by Certified Mail. Questions regarding this form may be directed to **(785) 368-6224**. If more space is required for any item, attach additional sheets, numbering item accordingly.

1. Employer, Employee Organization or Employee(s) against whom complaint is brought:
  - a. Name: \_\_\_\_\_
  - b. Number of workers employed: \_\_\_\_\_
  - c. Address of establishment: \_\_\_\_\_
  - d. Representative to contact: \_\_\_\_\_ Phone: \_\_\_\_\_
  - e. Type of establishment: \_\_\_\_\_
  - f. The above-named has engaged in prohibited practices within the meaning of **K.S.A. 75-4333 sub-section** \_\_\_\_\_ of the Public Employer-Employee Relations Act [PEERA].

2. Basis of the Complaint [be specific as to facts, names, address, plants involved, dates, places, etc.]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and Address of Party Filing Complaint: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

4. Relief sought by Petitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I declare that I have read the petition and that the statements herein are true to the best of my knowledge and belief.

\_\_\_\_\_  
(Petitioner and Affiliation, if any)

By: \_\_\_\_\_  
(Signature of representative or person filing petition & title, if any)

DATE: \_\_\_\_\_

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_