

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

K-PERB 006 (Rev. 6-12)

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 by Certified Mail™ with the Public Employee Relations Board at the address below. Questions regarding this form may be directed to Labor Relations at (785) 296-5000. If more space is required for any item, attach additional sheets and identify each item by number.

- Employer, employee organization or employee(s) against whom complaint is brought:
 - Name: _____
 - Number of workers employed: _____
 - Address: _____
 - Representative: _____ Phone: _____
 - Type of establishment: _____
 - The above named has engaged in prohibited practices within the meaning of K.S.A. 75-4333 subsection(s) _____ of the Public Employer-Employee Relations Act.
- Basis of the complaint (be specific as to facts, names, addresses, locations involved, dates, etc.):
- Name and address of party filing complaint: _____

_____ Phone: _____
- Relief sought by petitioner: _____

PERB Complaint against employer, employee organization or employee(s)

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DECLARATION: I declare that I have read the complaint and that the statements contained herein are true and correct to the best of my knowledge and belief.

Petitioner

Affiliation, if any

By: _____
Signature of representative or person filing petition

Title

Date: _____

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

SEAL

Notary Public

My Commission Expires: _____

Original and five copies must be mailed to the address below.