



LOS ANGELES COUNTY  
 EMPLOYEE RELATIONS COMMISSION  
 500 West Temple Street  
 Hall of Administration, Room 374  
 Los Angeles, CA 90012-2718  
[ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov)  
 213-974-2417

**CHARGE ALLEGING UNFAIR EMPLOYEE RELATIONS PRACTICE  
 AGAINST MANAGEMENT**

**INSTRUCTIONS:**

- A. This charge may be filed pursuant of the Employee Relations Ordinance No. 9646, Section 5.04.240 (a)(b).
- B. Complete this form and submit an electronic .pdf copy to [ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov).
- C. Charging Party is responsible for the notification to Respondent within (3) calendar days of filing and shall provide proof of service to ERCOM via [ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov).

DO NOT WRITE IN THIS SPACE

CASE NO. \_\_\_\_\_

DATE FILED \_\_\_\_\_

**Charge Against:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

The above named \_\_\_\_\_ has engaged in and/or is engaging in unfair employee (employer) relations practices within the meaning of Section \_\_\_\_\_ subsection(s) \_\_\_\_\_ of the Employee Relations Ordinance or Section \_\_\_\_\_ subsection(s) \_\_\_\_\_ of the Commission Rules and Regulations.

**Basis of Charge:** (Be specific as to facts/actions, names, addresses, dates, etc. Attach additional pages if required)

**Requested Remedy (if applicable):**

**Charging Party:**

Full Name of Party(ies) filing charge: (If Employee Organization give full name, including local and and/or number)

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

**Additional Relevant Information:**

**Declaration**

I declare that I have read the above charge(s) and verify under penalty of perjury that the statements therein are true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title: \_\_\_\_\_

For: \_\_\_\_\_

Date: \_\_\_\_\_