

LOS ANGELES COUNTY EMPLOYEE RELATIONS COMMISSION

500 West Temple Street
Hall of Administration, Room 374
Los Angeles, CA 90012-2718
ERCOMfilings@bos.lacounty.gov
213-974-2417

CHARGE ALLEGING UNFAIR EMPLOYEE RELATIONS PRACTICE AGAINST EMPLOYEE ORGANIZATION

DO NOT WRITE IN THIS SPACE

CASE NO. _____

DATE FILED

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.
- 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.

Charge Against:	
Name:	Address:
The above named	has engaged in and/or is engaging in unfair employee
(employee organization)	
, <u>, , , , , , , , , , , , , , , , , , </u>	subsection(s) of the Employee Relations
Ordinance or Section subsection(s)	of the Commission Rules and Regulations
ordinance of Section subsection(s)	_ of the Commission Rules and Regulations.
Racis of Charge: (Re specific as to facts/actions, na	mes, addresses, dates, etc. Attach additional pages if required)
basis of charge. (Be specific as to facts/actions, ha	mes, addresses, dates, etc. Attach additional pages if required)

Requested Remedy (if applicable):	
Changing Dayler	
Charging Party:	
Full Name of Party(ies) filing charge:	
Contact Person:	Email:
Cell Phone:	Office Phone:
Mailing Address (include zip code):	
Additional Relevant Information:	
<u>Declaration</u>	
I declare that I have read the above charge(s) and verify u to the best of my knowledge and belief.	nder penalty of perjury that the statements therein are true
Signature	_
Printed Name	
Title:	
For:	
Date:	