

**State of California**  
**Agricultural Labor Relations Board**  
**Charge Against Labor Organizations or its Agents**

**Instructions:** File an original and 2 copies of this charge with the ALRB regional director for the region in which the alleged unfair labor practice occurred or is occurring. However, if you elect the option to have the regional director serve the charge on the charged party, file an additional copy of the charge for each organization, each local, and each individual named in Item 1 below. The charge must be accompanied by declarations as provided in regulation 20213. There is no obligation to serve the declaration on the charged party.

**Do not write in this space**

Case No. \_\_\_\_\_

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

**Check one:**

- I will serve the charge on the charged party.
- I request that the regional director serve the charge on the charged party.

**1. Labor Organization or its Agents Against Which Charge is Brought**

a. Name

b. Addr

b. City  b. State  b. Zip

c. Union Representative to Contact

d. Phone  e. Fax

f. Email

g. The above-named labor organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of the following section(s) of the Agricultural Labor Relations Act: (check appropriate box)

- Section 1154, subsection(s)
- Section 1154.5
- Section 1154.6

**2. Basis of the Charge (be specific as to facts, names, addresses, locations involved, dates, places, etc.)**

Charge Basis

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**3. Employer Information**

a. Name:

b. Addr  b. Addr

b. City  State  Zip  b. City  State  Zip

c. Employer Representative to Contact:

d. Representative Phone:

e. Employer Commodities:

f. Number of Employees:

**4. Party Filing Charge Information**

a. Name

b. Addr

b. City  b. State  b. Zip

c. Phone:  d. Fax:

e. Email:

**Declaration**

**I declare under penalty of perjury that I have read the above charge and that the statements herein are true to the best of my knowledge and belief.**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Representative or Person Filing Charge**

Name

Title

Addr  Phone

City  State  Zip  Fax

Email