

# PROHIBITED PRACTICE COMPLAINT AGAINST EMPLOYER

## Agricultural Labor Relations Board

K-ALRB 300 (3-23)

For Office Use Only

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

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

**Instructions:** File an original and three (3) copies of this Prohibited Practice Complaint with the Agricultural Labor Relations Board (ALRB) at the address indicated at the bottom of this form. The ALRB or its designee will serve a copy of this complaint on the charged party or parties.

Name of employer against whom the complaint is brought: \_\_\_\_\_

Address(es) of employer's operation(s) involved:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of employer representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Provide the specific basics of the prohibited practice(s) forming the basis for this complaint (facts, names, addresses, locations involved, dates, places, etc)

Name of party filing complaint: \_\_\_\_\_

If labor organization, provide:

Full name of national/international organization: \_\_\_\_\_

Local name \_\_\_\_\_ Local No. \_\_\_\_\_

**Certification:** I hereby certify that the above information is complete and correct to the best of my knowledge.

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

(Representative of person filing complaint)

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_