

# PROHIBITED PRACTICE COMPLAINT AGAINST LABOR ORGANIZATION OR ITS AGENTS

## Agricultural Labor Relations Board

K-ALRB 301 (3-23)

For Office Use Only
Case No.: _____
Date Filed: _____

**Instructions:** File an original and three (3) copies of this 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 labor organization or its agents against whom the complaint is brought:

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

Name of union 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)

# Prohibited Practice Complaint Against Labor Organization or Its Agents

K-ALRB 301 (3-23)

## Employer Information

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

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

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

Nature of employer's business: \_\_\_\_\_

No. of employees: \_\_\_\_\_

## Party Filing Complaint

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

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

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

**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 \_\_\_\_\_