

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 _____