



BOARD OF PERSONNEL APPEALS
UNFAIR LABOR PRACTICE CHARGE

FOR BOARD USE ONLY

CASE NO: _____
DATE FILED: _____

Submit this charge to:

THE BOARD OF PERSONNEL APPEALS
PO BOX 8011
HELENA MT, 59604-8011
Email dlierbopa@mt.gov

1. NAME OF CHARGING PARTY: (Complainant):

TELEPHONE:
EMAIL ADDRESS:

2. MAILING ADDRESS OF COMPLAINANT: (Number, Street, City and Zip Code)

3. AFFILIATION (Parent/National Organization, if any):

4. NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE: (Defendant)

TELEPHONE:
EMAIL ADDRESS:

5. MAILING ADDRESS OF DEFENDANT: (Number, Street, City and Zip Code)

6. AFFILIATION (Parent/National Organization, if any):

7. DETAILS OF CHARGE: A clear and concise statement of facts constituting the alleged violations. Include the time and place of occurrence of particular acts **and a specific statement describing the laws or rules allegedly violated.**

8. If the charge alleges a violation of Section 39-31-401 (5) MCA, or Section 39-31-402 (2) MCA, has the charging party requested the Board of Personnel Appeals to provide mediation assistance, pursuant to ARM 24.26.695 of the Board's rules?

Yes _____ No _____

9. Other information (attach additional pages if required):

Signature of Complainant

Title