STATE OF CALIFORNIA

PUBLIC EMPLOYMENT RELATIONS BOARD

UNFAIR PRACTICE CHARGE—TNC

DO NOT WRITE IN THIS SPACE: Case No: **Date Filed:**

INSTRUCTIONS: The Business and Professions Code requires alleged violations of the Transportation Network Company Drivers Labor Relations Act (TNC Act) to be filed as unfair practice charges with the Public Employment Relations Board (PERB). You may file this charge form via the e-PERB Portal. Proper filing includes concurrent service and proof of service of the charge as required by PERB Regulation 32615(c). Parties exempt from using the e-PERB Portal may file the original charge in the appropriate PERB regional office (see PERB Regulations 32110(b) and 32075). All forms are available from the regional offices or PERB's website at www.perb.ca.gov. If more space is needed for any item on this form, attach additional sheets and number items.

IS THIS AN AMENDED CHARGE? YES ☐ If so, Case No. **NO ☐**

1. CHARGING PARTY: TNC DRIVER ☐ TNC DRIVER ORGANIZATION ☐ TNC ☐ MULTICOMPANY COMMITTEE ☐

a. Full name:

b. Mailing Address:

c. Telephone number:

d. Name and title of person filing charge: **E-mail Address:**

Telephone number:

2. CHARGE FILED AGAINST (mark one only): TNC DRIVER ORGANIZATION ☐ TNC ☐ MULTICOMPANY COMMITTEE ☐

a. Full name:

b. Mailing Address:

c. Telephone number:

d. Name and title of agent to contact: **E-mail Address:**

Telephone number:

3. NAME OF TNC (Complete this section only if the charge is filed by a TNC Driver against a TNC Driver Organization.)

a. Full name:

4. GRIEVANCE PROCEDURE

Are the parties covered by a sectoral agreement containing a grievance procedure which ends in binding arbitration?

Yes ☐ No ☐ Unknown ☐

5. STATEMENT OF CHARGE

a. The charging party hereby alleges that the above-named respondent is under the jurisdiction of the TNC Act (Bus. & Prof. Code, § 7470 et seq.)

b. The specific Business and Professions Code section(s) alleged to have been violated is/are:

c. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, where known, the date and location of each instance of the respondent's conduct, and the name and capacity of each person involved. This must be a statement of the facts that support your claim and *not conclusions of law*. A statement of the remedy sought must also be provided. (*Use and attach additional sheets of paper if necessary*.)

DECLARATION

I declare under penalty of perjury that I have read the above charge and that the statements herein are true and complete to the best of my knowledge and belief and that this declaration was executed on _____
(Date)

_____
(City and State)

(Type or Print Name)		(Signature)	
Title, if any:			
Mailing Address:			
Telephone Number:		E-mail Address:	

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of _____,

State of _____. I am over the age of 18 years. The name and address of my

Residence or business is _____

_____

On _____, I served the _____
(*Date*) (*Description of document(s)*)

_____ in Case No. _____.
(*Description of document(s) continued*) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

☐ placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United States Postal Service or private delivery service following ordinary business practices with postage or other costs prepaid;

☐ personal delivery;

☐ electronic service - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) or via e-PERB to the electronic service address(es) listed below on the date indicated. (*May be used only if the party being served has filed and served a notice consenting to electronic service or has electronically filed a document with the Board. See PERB Regulation 32140(b).*)

(*Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on _____,
(*Date*)

at _____.
(*City*) (*State*)

(*Type or print name*)	(*Signature*)