

c. Agent:

## STATE OF CALIFORNIA PUBLIC EMPLOYMENT RELATIONS BOARD UNFAIR PRACTICE CHARGE

DC	O NOT WRITE IN THIS SPACE:	Case No:		Date Filed:			
INSTRUCTIONS: File this charge form via the e-PERB Portal, with proof of service. Parties exempt from using the e-PERB Portal may file the original charge in the appropriate PERB regional office (see PERB Regulation 32075), with proof of service attached. Proper filing includes concurrent service and proof of service of the charge as required by PERB Regulation 32615(c). All forms are available from the regional offices or PERB's website at <a href="https://www.perb.ca.gov">www.perb.ca.gov</a> . 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: EMPLOYE	EE EMPLO	DYEE ORGANIZATION EMPLO	OYER PUBLIC <sup>1</sup>			
a.	Full name:						
b.	Mailing address:						
c.	Telephone number:						
d.	Name and title of	ame and title of E-mail Address:					
	person filing charge:						
	Telephone number:						
e.	Bargaining unit(s) involved:						
2.	CHARGE FILED AGAINST: (mark o	one only) EM	PLOYEE ORGANIZATION	EMPLOYER			
	CHARGE FILED AGAINST: (mark of Full name:	one only) EM	PLOYEE ORGANIZATION	EMPLOYER			
a.	· · · · · · · · · · · · · · · · · · ·	one only) EM	PLOYEE ORGANIZATION	EMPLOYER			
a. b.	Full name:	one only) EM	PLOYEE ORGANIZATION	EMPLOYER			
a. b. c.	Full name: Mailing address:	one only) EM	PLOYEE ORGANIZATION  E-mail Address:	EMPLOYER			
a. b. c.	Full name:  Mailing address:  Telephone number:	one only) EM		EMPLOYER			
a. b. c.	Full name:  Mailing address:  Telephone number:  Name and title of	one only) EM		EMPLOYER			
a. b. c.	Full name:  Mailing address:  Telephone number:  Name and title of agent to contact:  Telephone number:						
a. b. c. d.	Full name:  Mailing address:  Telephone number:  Name and title of agent to contact:  Telephone number:		E-mail Address:				
<ul><li>a.</li><li>b.</li><li>c.</li><li>d.</li></ul>	Full name:  Mailing address:  Telephone number:  Name and title of agent to contact:  Telephone number:  NAME OF EMPLOYER (Complete to		E-mail Address:				
<ul><li>a.</li><li>b.</li><li>c.</li><li>d.</li><li>a.</li><li>b.</li></ul>	Full name:  Mailing address:  Telephone number:  Name and title of agent to contact: Telephone number:  NAME OF EMPLOYER (Complete to Full name:  Mailing address:	this section only if	E-mail Address:	organization.)			
<ul><li>a.</li><li>b.</li><li>c.</li><li>d.</li></ul> 3.a.b.4.	Full name:  Mailing address:  Telephone number:  Name and title of agent to contact: Telephone number:  NAME OF EMPLOYER (Complete to Full name:  Mailing address:	this section only if	E-mail Address: the charge is filed against an employee o	organization.)			

PERB-61 (08/2022) SEE REVERSE SIDE

An affected member of the public may only file a charge relating to an alleged public notice violation, pursuant to Government Code section 3523, 3547, 3547.5, or 3595, or Public Utilities Code section 99569.

5.	GRIE	IEVANCE PROCEDURE				
	Are t	Are the parties covered by an agreement containing a grievance procedure which ends in binding arbitration?				
	Y	Yes No Unknown				
6.	STA	ATEMENT OF CHARGE				
a.		The charging party hereby alleges that the above-named respondent is under the jurisdiction of: (check one)  Educational Employment Relations Act (EERA) (Gov. Code, § 3540 et seq.)				
		Ralph C. Dills Act (Gov. Code, § 3512 et seq.)				
		, , , , , , , , , , , , , , , , , , , ,	ions Act (HEERA) (Gov. Code, § 3560 et seq.)			
		Meyers-Milias-Brown Act (MMBA) (Gov. Cod	. , , , , , , , , , , , , , , , , , , ,			
One of the following Public Utilities Code Transit District Acts: San Francisco (SFBART Act) (Pub. Util. Code, § 28848 et seq.), Orange County Transit District § 40000 et seq.), Sacramento Regional Transit District Act (Sac RTD Act) (Pu Santa Clara VTA, (Pub. Util. Code, § 100300 et seq.), and Santa Cruz Metro (		(SFBART Act) (Pub. Util. Code, § 28848 et s § 40000 et seq.), Sacramento Regional Trans	eq.), Orange County Transit District Act (OCTDA) (Pub. Util. Code, sit District Act (Sac RTD Act) (Pub. Util. Code, § 102398 et seq.),			
		· · · · · · · · · · · · · · · · · · ·	oortation Authority Transit Employer-Employee Relations Act Angeles County Metropolitan Authority (Pub. Util. Code, § 99560 et			
		Trial Court Employment Protection and Gove 71639.5)	rnance Act (Trial Court Act) (Article 3; Gov. Code, § 71630 –			
		Trial Court Interpreter Employment and Labo	r Relations Act (Court Interpreter Act) (Gov. Code, § 71800 et seq.)			
	b. The specific Government or Public Utilities Code section(s), or PERB regulation section(s) alleged to have been violated is/are:		· · · · · · · · · · · · · · · · · · ·			
	C.	For MMBA, Trial Court Act and Court Interpreter Act been violated is/are (a copy of the applicable loc	ct cases, if applicable, the specific local rule(s) alleged to have cal rule(s) MUST be attached to the charge):			
	d.	Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, where known the time and place of each instance of 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 <i>not conclusions of law</i> . A statement of the remedy sought must also be provided. ( <i>Use and attach additional sheets of paper if necessary</i> .)  See attached				
		DE	CLARATION			
		, , , , ,	ve charge and that the statements herein are true and this declaration was executed on(Date)			
at		(City and State)	(Date)			
		(City and State)				
		(Type or Print Name and Title, if any)	(Signature)			
M	lailin	ng Address:				
E	E-Ma	ail Address:	Telephone Number:			

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					
On, I served the	(Description of document(s))				
in Case	No				
(Description of document(s) continued) in Case	PERB Case No., if known)				
on the parties listed below by (check the applicable	e 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 to	he 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)				

(02/2021) Proof of Service