



**STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD
AMENDED UNFAIR PRACTICE CHARGE**

Unfair Practice Charge Case
Number: _____

Date of Amended
Charge: _____

Amended Charge: First Second Other _____

INSTRUCTIONS: File this amended charge form via the e-PERB Portal, with proof of service. Parties exempt from using the e-PERB Portal may file the original form 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 www.perb.ca.gov. If more space is needed for any item on this form, attach additional sheets and number items. Questions regarding your filing may also be directed to the Board agent assigned to your charge.

1. Charging Party:

2. Respondent:

3. PERB Regulation 32621 provides that an amended charge must provide certain information required by PERB Regulation 32615, including contact information for all parties, the statute, regulation, and/or local rule(s) alleged to be violated, and a copy of the local rule(s) if applicable.

(Check one box only)

The undersigned confirms that all of this information has previously been provided to PERB.

To the extent that some of this information has not been previously provided, it is included herein as an attachment.

4. Statement of Charge:

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 *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)

at _____
(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)