



CIVIL SERVICE COMMISSION
City and County of San Francisco

CSC Register No.
To:
c:
Case Number

UNFAIR LABOR PRACTICE CHARGE

Instructions: Submit a typed original copy of this form within six (6) months after the occurrence of the alleged unfair practice to the Employee Relations Ordinance Administrator, 25 Van Ness, Suite 720, San Francisco, CA 94102-6033. This charge must comply with the provisions of Civil Service Commission Rule Series 07.

Check One:

AGAINST MANAGEMENT

AGAINST EMPLOYEE ORGANIZATION

Full Name of Complainant Title

Address Telephone Number

Complainant's Authorized Representative, if any Title

Address Telephone Number

The party charged below has and is engaging in violation of Section 16.213 of Chapter 16, Article XI.A of the San Francisco Administrative Code, Subsection(s) _____.

Name of Charged Party Title

Address Telephone Number

Provide, in writing, the basis of this charge and attempts to remedy alleged violations and results on the reverse side of this form. Use additional pages if necessary.

I have read this charge and know the contents. This document is true of my own knowledge except as to those matters stated on information and belief and as to those matters I am informed and believe that the matters stated are true and on that ground I allege that the matters stated are true.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

(Signature) (Date)
(Typed Name) (Title)

Date Received by Civil Service Commission

Note: If this claim is being filed by more than one party, additional signatures must appear on the back of form.

Basis of this charge: (Be specific as to facts, names, date, places, etc.)

Attempts to remedy alleged violations, and results:

Additional Signatures: (Use additional pages if necessary)

(Typed Name)

(Signature)

(Date)

(Typed Name)

(Signature)

(Date)