

ILLINOIS LABOR RELATIONS BOARD

STATE PANEL: One Natural Resources Way, First Floor
Springfield, Illinois 62702-1270
(217) 785-3155 FAX: (217) 785-4146

LOCAL PANEL: 160 North LaSalle Street, Suite S-400
Chicago, Illinois 60601-3103
(312) 793-6400 FAX: (312) 793-6989

CASE NUMBER TO BE AMENDED

DO NOT WRITE IN THIS SPACE
DATE FILED

AMENDED CHARGE AGAINST LABOR ORGANIZATION

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2006), and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1200.20 and 1220.20, the following information is required. Submit an original and one (1) copy of this charge to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2006). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

BY STATUTE ONLY CHARGES FILED AND SERVED ON THE PARTIES WITHIN SIX (6) MONTHS OF THE DATE OF THE EVENT OR CONDUCT WHICH IS THE SUBJECT OF THE CHARGE WILL BE PROCESSED BY THE ILLINOIS LABOR RELATIONS BOARD.

1.	NAME OF LABOR ORGANIZATION AND AFFILIATION (against whom charge is brought)	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
2.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
3.	NAME OF CHARGING PARTY	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
	JOB TITLE (at time of alleged unfair labor practice)	NAME OF EMPLOYER (at time of alleged unfair labor practice)
4.	CHARGING PARTY REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL

5.	It is alleged that the above-named labor organization has engaged in (an) unfair labor practice(s) within the meaning of Section 10(b) subsection(s) () of the Illinois Public Labor Relations Act.
6.	BASIS OF AMENDMENT TO CHARGE (specify in detail: facts, names, addresses, sites, dates, etc.) (use attachments if necessary)
	Date(s) of alleged wrongful action(s):
	Name(s) of individual(s) involved:
	Location(s) of alleged wrongful action(s):
	Describe what happened:
	SUPPORTING DOCUMENTS (please include copies of any documents relevant to your charge)
7.	RELIEF OR REMEDY SOUGHT BY CHARGING PARTY

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

BY: _____ Signature of person filing petition	NAME: _____ TITLE: _____ DATE: _____
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