



CITY OF LOS ANGELES
EMPLOYEE RELATIONS BOARD
200 N. MAIN ST., SUITE 1100
LOS ANGELES, CALIFORNIA 90012
(213) 473-9700 | erb@lacity.org
<http://erb.lacity.gov>

**UNFAIR EMPLOYEE RELATIONS PRACTICE
CLAIM AGAINST MANAGEMENT**

Check one (1):

Original Claim

Amended Claim

A claim may be filed by “an employee representative, an individual or a group of employees, or by a management representative” (§4.860 C, Employee Relations Ordinance). Claims must be filed within **180 days** after the occurrence of the alleged unfair employee relations practice, either by: 1) filing a typed original and eight (8) copies of the claim with the Employee Relations Board; or 2) emailing a typed copy of the claim to the Employee Relations Board at erb@lacity.org. You **must** simultaneously serve one copy of the claim directly on the party or parties against whom the claim is directed and include a completed proof of service form with your claim. You may file and serve the claim in person, by U.S. Mail, or by electronic service. You may not file a claim by fax. Refer to Board Rule 8 for additional requirements and procedures. Forms and the Board Rules can be found at <https://erb.lacity.gov>.

1. Claimant Bringing the Claim:

a. Name:

b. Telephone number:

c. Address:

d. Email address

2. Claimant's Representative (e.g. attorney), if applicable

a. Name:

b. Telephone number:

c. Address (include firm name):

e. Email address:

3. Employer Against Whom the Claim is Brought

a. Name:

b. Telephone number:

c. Address:

d. Employer Representative:

f. Email address:

4. Sections of the Employee Relations Ordinance allegedly violated (check all that apply): §4.860 A 1 2 3

5. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, if known, the date and place of each instance of respondent's relevant conduct and the name and capacity of each person involved on behalf of the parties. This must be a statement of the facts that support your claim and not just conclusions of law. A statement of the remedy sought should also be provided. Attach additional sheets and documents, if needed:

6. Has a grievance been filed over this matter? (If Yes, attach a copy to this claim): Yes No

7. I declare under penalty of perjury that I have read this charge and that the statements herein are true and factual to the best of my knowledge and belief.

DO NOT WRITE IN THIS BLOCK

By: _____
(Printed Name of Claimant's Representative) (Title)

CLAIM NUMBER:

(Signature) (Date)

Date Filed