



**UNITED STATES OF AMERICA
FEDERAL LABOR RELATIONS AUTHORITY
CHARGE AGAINST AN AGENCY**

FOR FLRA USE ONLY

Case No.

Date Filed

1. AGENCY AGAINST WHICH CHARGE IS BROUGHT

a. Name of Charged Agency (include address, city, state, & ZIP)

b. Agency Representative (include name, title, address)

tel. fax
e-mail

2. CHARGING PARTY

a. Name of Charging Party (include address, city, state, & ZIP)

b. Charging Party Representative (include name, title, address)

tel. fax
e-mail

3. BASIS OF THE CHARGE

a. Set forth a clear and concise statement of the facts constituting the alleged unfair labor practice, including date and location of the particular acts.

b. Which subsection(s) of 5 U.S.C. 7116(a) do you believe the Agency has violated? (1) (2) (3) (4) (5) (6) (7) (8)

c. Have you or anyone else raised this matter in any other procedure? No Yes If yes, where?
 Grievance Procedure Federal Mediation and Conciliation Service Federal Service Impasses Panel
 Equal Employment Opportunity Commission Merit Systems Protection Board Office of Special Counsel
 Other Administrative or Judicial Proceeding Negotiability Appeal to FLRA Other _____

4. DECLARATION

I DECLARE THAT I HAVE READ THIS CHARGE AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT, 18 U.S.C. 1001.

THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX 1b BY [check all appropriate boxes]

In Person 1st Class Mail Fax Commercial Delivery Certified Mail e-mail (see reverse)

Type or Print Your Name



Your Signature

Date