



Maine Labor Relations Board
PROHIBITED PRACTICE COMPLAINT

MLRB Form 7

Complainant:

Name _____

Address _____

Phone _____

E-Mail (if available) _____

Complainant Representative (if any)

Phone/E-mail (if available) _____

Respondent:

Name _____

Address _____

Phone _____

E-Mail (if available) _____

Complaint alleges that the Respondent, _____, has violated the following section(s) of the law (including subsection and paragraph, when appropriate): _____

The facts supporting this allegation have been set out in separate numbered paragraphs in the accompanying Concise Statement of Facts in accordance with Ch. 12, 5(4) of the Board's Rules. The Concise Statement of Facts consists of _____ page(s).
(# of pages)

Complainant requests the following relief/remedy:

CERTIFICATION: I certify that this prohibited practice complaint, including the accompanying Concise Statement of Facts, is true and correct to the best of my knowledge and belief. I understand that the law imposes penalties for false statements provided in these documents.

Signature _____

Date _____

Name _____

Title _____

Certificate of Service

I certify that on _____ (date), I served a copy of this complaint and accompanying Concise Statement of Facts on _____ (name of party) by () mail / () hand delivery () delivery via _____ delivery service (indicate which method), at the following address: _____.

Note: Pursuant to Maine Labor Relations Board Rules, Chapter 10, §8, service will be considered complete on the date that service was provided to the other party by email, so long as service by mail, hand delivery or delivery via a delivery service occurred on the same calendar day.

Pursuant to Maine Labor Relations Board Rules, Chapter 10, §7, this form must be filed electronically by sending it as an attachment in an email sent to mlrb@maine.gov. If you are unable to file electronically, you must include a signed Request For Exception To Electronic Filing Requirement (MLRB Form 8).