

PHOENIX EMPLOYMENT RELATIONS BOARD

CITY OF PHOENIX

STATE OF ARIZONA

PROHIBITED PRACTICE CHARGE

PARTY AGAINST WHOM CHARGE IS BROUGHT		DO NOT WRITE IN THIS SPACE
1. Name		_____
2. Representative to Contact		CASE NUMBER
3. Address (Street, City, State and ZIP)		_____
4. Telephone Number		DATE FILED
5. Section(s) of Phoenix City Code, Section 2-221, alleged to have been violated:		
6. Basis of Charge (Be specific as to facts, names, addresses, dates, places, etc.).		
(Use additional pages if necessary)		
7. Full name of Party Filing Charge		
8. Address of Party Filing Charge (Street, City, State, and ZIP)	9. Phone Number	
DECLARATION		
I do declare that I have read the above charge, and that the statements therein are true to the best of my knowledge and belief.		
By _____	_____	
	(TITLE OR OFFICE, IF ANY)	
Address _____	_____	_____
	(PHONE NO.)	(DATE)