

PHOENIX EMPLOYMENT RELATIONS BOARD
 CITY OF PHOENIX
 STATE OF ARIZONA

QUALIFICATIONS OF EMPLOYEE ORGANIZATIONS 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		
5. Section(s) of Phoenix City Code, Section 2-216, 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)