

ILLINOIS LABOR RELATIONS BOARD

- LOCAL PANEL:** e.g., County of Cook, City of Chicago, Chicago Transit Authority, Forest Preserve District of Cook County
- STATE PANEL:** e.g., State of Illinois, county governments, municipal governments, Regional Transportation Authority

CASE NUMBER TO BE AMENDED
DO NOT WRITE IN THIS SPACE DATE FILED

AMENDED CHARGE AGAINST LABOR ORGANIZATION

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2014), *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1200.20 and 1220.20, the following information is required. Submit an original and one (1) copy of this charge to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. This petition may be filed in either of the Board's offices or at ILRB.Filing@illinois.gov. Facsimiles are no longer accepted.

Illinois Labor Relations Board 801 South 7 th Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	Illinois Labor Relations Board 160 North LaSalle Street, Suite S-400 Chicago, Illinois 60603-3103 (312) 793-6400
-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2014), as amended. Disclosure of this information is **REQUIRED**. Failure to provide any information will result in this form not being processed.

BY STATUTE ONLY CHARGES FILED AND SERVED ON THE PARTIES WITHIN SIX (6) MONTHS OF THE DATE OF THE EVENT OR CONDUCT WHICH IS THE SUBJECT OF THE CHARGE WILL BE PROCESSED BY THE ILLINOIS LABOR RELATIONS BOARD.

1.	NAME OF LABOR ORGANIZATION AND AFFILIATION (against whom charge is brought)	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
2.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
3.	NAME OF CHARGING PARTY	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
	JOB TITLE (at time of alleged unfair labor practice)	NAME OF EMPLOYER (at time of alleged unfair labor practice)
4.	CHARGING PARTY REPRESENTATIVE	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL

5.	It is alleged that the above-named labor organization has engaged in (an) unfair labor practice(s) within the meaning of Section 10(b) subsection(s) () of the Illinois Public Labor Relations Act.
6.	BASIS OF AMENDMENT TO CHARGE (specify in detail: facts, names, addresses, sites, dates, etc.) (use attachments if necessary)
	Date(s) of alleged wrongful action(s):
	Name(s) of individual(s) involved:
	Location(s) of alleged wrongful action(s):
	Describe what happened:
	SUPPORTING DOCUMENTS (please include copies of any documents relevant to your charge) Supporting documents filed with this charge will be considered part of the charge and will be served on the Labor Organization.
7.	RELIEF OR REMEDY SOUGHT BY CHARGING PARTY

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

	NAME: _____
BY: _____	TITLE: _____
Signature of person filing petition	DATE: _____
