

State of Wisconsin
Employment Relations Commission
 4868 High Crossing Blvd., Madison, WI 53704-7403
 Phone: 608-243-2424 Fax: 608-243-2433
 Email: werc@werc.state.wi.us
COMPLAINT
 (Pursuant to §§ 111.06, 111.70(3), or 111.84, Stats.)

Complete and submit the original and two (2) copies of this form, together with the required \$100 filing fee.

IDENTITY OF PARTIES INVOLVED
 (all information is mandatory)

Name of Complainant		Name of Employer	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative		Name of Representative	
Street Address, City, State, Zip Code (if different)		Street Address, City, State, Zip Code (if different)	
Telephone No.	Email Address	Telephone No.	Email Address

What are the facts which constitute the alleged unfair labor or prohibited practice(s)? (Attach additional pages if needed)

What part or parts of the applicable statute defining unfair labor or prohibited practice(s) are alleged to have been violated? (Attach additional pages if needed)

What remedy do you seek? (Attach additional pages if needed)

I declare that I have read the contents of this complaint and that the statements it contains are true and correct to the best of my knowledge.

Complainant's Signature

Date