

WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
phone: (608) 266-1381 fax: (608) 266-6930 e-mail: werc@werc.state.wi.us

COMPLAINT

Instructions: Please provide the following information in numbered paragraphs. Use additional sheets as needed. If the filing is in paper form, submit a total of 3 copies of the complaint, plus one additional copy for each named respondent. Complaint filing is not complete until the Commission has received both the complaint and the required **\$100** filing fee. For more detailed complaint filing instructions, see Form WERC-06A.

Complainant,

vs.

Respondent.

- A. What is the name, address, phone number, e-mail address (if any) and fax number (if any) of the person/party making the complaint?

- B. What is the name, address, phone number, e-mail address (if any) and fax number (if any) of the person/party against whom the complaint is being made?

- C. What are the facts which constitute the alleged unfair labor or prohibited practices?

- D. What part or parts of the applicable statute defining unfair labor or prohibited practices are alleged to have been violated?

- E. What remedy do you seek?

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

Complainant's Signature or Signature Facsimile