

**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.

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Complainant,

vs.

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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?

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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.

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Complainant's Signature or Signature Facsimile