Please Review the Following Important Information Before Filling Out a Charge Form!

- Please call an Information Officer in the Regional Office nearest you for assistance in filing a charge. The Information Officer will be happy to answer your questions about the charge form or to draft the charge on your behalf. Seeking assistance from an Information Officer may help you to avoid having the processing of your charge delayed or your charge dismissed because of mistakes made in completing the form.
- Please be advised that not every workplace action that you may view as unfair constitutes an unfair labor practice within the jurisdiction of the National Labor Relations Act (NLRA). Please click on the Help Desk button for more information on matters covered by the NLRA.
- The section of the charge form called, "Basis of Charge," seeks only a brief description of the alleged unfair labor practice. You should **NOT** include a detailed recounting of the evidence in support of the charge or a list of the names and telephone numbers of witnesses.
- After completing the charge form, be sure to sign and date the charge and mail or deliver the completed form to the appropriate Regional Office.
- A charge should be filed with the Regional Office which has jurisdiction over the geographic area of the United States where the unfair labor practice occurred. For example, an unfair labor practice charge alleging that an employer unlawfully discharged an employee would usually be filed with the Regional Office having jurisdiction over the worksite where the employee was employed prior to his/her discharge. An Information Officer will be pleased to assist you in locating the appropriate Regional Office in which to file your charge.
- The NLRB's Rules and Regulations state that it is the responsibility of the individual, employer or union filing a charge to timely and properly serve a copy of the charge on the person, employer or union against whom such charge is made.
- By statute, only charges filed and served within **six (6) months** of the date of the event or conduct, which is the subject of that charge, will be processed by the NLRB.

Internet
FORM NLRB-509

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER
44 U.S.C. 3512

CHARGE ALLEGING UNFAIR LABOR PRACTICE UNDER SECTION 8(e) OF THE NLRA

INSTRUCTIONS: File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

CASE NUMBER	DATE FILED	1. CHARGE FILED AGAINST
		Employer and Labor Organization ☐ Employer ☐ Labor Organization ☐

a. Name of Labor Organization *(Give full name, including local name and number)*	b. Union Representative to Contact	c. Telephone Number
d. Address *(Street and number, city, State, and ZIP Code)*		
e. Name of Employer	f. Employer Representative to Contact	g. Telephone No.
h. Location of Plant Involved *(Street, city, State, and ZIP Code)*		
i. Type of Establishment *(Factory, mine, wholesaler, etc.)*	j. Identify Principal Product or Service	k. No. of Workers Employed

The above-named labor organization or its agents, and/or employer has *(have)* engaged in and is *(are)* engaging in unfair labor practices within the meaning of section 8*(e)* of the National Labor Relations Act, and these unfair labor practices are unfair labor practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(Be Specific as to facts, names, plants involved, dates, places, etc.)*

3. Full Name of Party Filing Charge *(If labor organization, give full name, including local name and number)*

a. Address *(Street and number, city, State, and ZIP Code)*	b. Telephone Number

4. Full Name of National or International Labor Organization of Which It Is an Affiliate or Constituent Unit *(To be filled in when charge is filed by a labor organization)*

13. DECLARATION

I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.

By _____ _____
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

(Fax) _____

Address _____ _____ _____
(Telephone No.) *(date)*

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT *(U.S. CODE, TITLE 18, SECTION 1001)*