

INSTRUCTIONS: This complaint must be filed on PERB's electronic document management system. Service of this complaint is governed by PERB rules 621—2.15, 3.4 and 16.10.

**STATE OF IOWA  
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD**

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_____	)	
Complainant,	)	
and	)	PROHIBITED PRACTICE
	)	COMPLAINT
_____	)	
Respondent.	)	

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COMES NOW the Complainant, \_\_\_\_\_, and in support of this Complaint, states as follows:

1. The party against whom this complaint is brought is:

a. Name (give full name of agency, organization, or person charged):

b. Address, phone number and Email:

a. Address: \_\_\_\_\_

b. Phone #: \_\_\_\_\_

c. Email: \_\_\_\_\_

2. The complainant alleges that the above-named party has engaged in or is engaging in prohibited practices within the meaning of section(s) \_\_\_\_\_ of the Iowa Public Employment Relations Act.

3. The party charged is in violation of the above-cited section(s) because of the following: (briefly state the facts supporting this complaint including names, dates and places involved in the alleged violation).

4. Complainant seeks the following remedy:

5. The name, address, phone number and Email of the Public Employer involved (if different from paragraph 1) is:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone #: \_\_\_\_\_

d. Email: \_\_\_\_\_

6. The complainant is:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Email: \_\_\_\_\_

Submitted by:

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Signature

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Printed Name

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Address

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Phone Number

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Email