

# UNITED STATES OF AMERICA FEDERAL LABOR RELATIONS AUTHORITY

FOR FLRA USE ONLY				
Case No.				
Date Filed				

Name: Address:    Address:	CHARGE AGAINGT AN AGENCY	*7		
1. Charged Activity or Agency Name: Name: Address:  Tel.#: ( ) Ext. Faxt: ( ) S. Charged Activity or Agency Contact Information Name: Address:  Tel.#: ( ) Ext. Faxt: ( ) S. Charged Activity or Agency Contact Information Name: Title: Address:  Tel.#: ( ) Ext. Faxt: ( ) S. Which subsection(s) of 5 U.S.C. 7116(s) do you believe have been violated? [See reverse] (1) and  G. Tell exactly WHAT the activity (or agency) did. Start with the DATE and LOCATION, state WHO was involved, including sities.  7. Have you or anyone else raised this matter in any other procedure?  No. Yes If yes, where? [see reverse]  7. Have you or anyone else raised this matter in any other procedure? No. Yes If yes, where? [see reverse]  8. IDECLARE THAT I HAVE READ THIS CHARGE AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND ITHAT MAKING WILLELULF LY PALES TSTATE MEANTS OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND ITHAT MAKING WILLELULF LY PALES TSTATE MEANTS OF MY KNOWLEDGE AND COmmercial Delivery   Carrifield Mail   In Person      Commercial Delivery   Carrifield Mail   In Person   Fax   1st Class Mail   In Person	CHARGE AGAINST AN AGENC	Date Filed		
Name: Address:  Fal.#: ( ) Ext.	Complete instructions are on the back of this form.			
Address:  Tel.#: ( ) Ext.   Tel.#: ( ) Ext.   Faxe: ( )   Ext.   Ex	1. Charged Activity or Agency	2. Charging Party (Labor Organization or Individual)		
Tel.#: ( ) Ext. Fax#:	Name:	Name:		
Fax#:	Address:	Address:		
4. Charging Party Contact Information Name:   Name:   Title:   Address:   A		,		
Name: Title:		` '		
Address:  Tel.#: (		Name:		
Tel.#: ( ) Ext. Fax#: ( ) Ext. Ext. Fax#: ( ) Ext.	Title:	Title:		
5. Which subsection(s) of 5 U.S.C. 7116(a) do you believe have been violated? [See reverse] (1) and  6. Tell exactly WHAT the activity (or agency) did. Start with the DATE and LOCATION, state WHO was involved, including titles.  7. Have you or anyone else raised this matter in any other procedure?NoYesNevere? [see reverse]	Address:	Address:		
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BELIEF. I UNDERSTAND THAT MAKING WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT, 18 U.S.C. 1001. THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX #3 BY [check "x" box] Fax 1st Class Mail In Person Commercial Delivery Certified Mail	7. Have you or anyone else raised this matter in any other procedure?NoYesIf yes, where? [see reverse]			
Type or Print Your Name Your Signature Date	1001. THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX #3 BY [check "x" box] Fax 1st Class Mail In Person			
	Type or Print Your Name Your S	Signature Date		

#### **INSTRUCTIONS FOR COMPLETING FORM 22:**

#### General

Use this form if you are charging that a federal activity or agency committed an unfair labor practice under paragraph (a) of section 7116 of the Federal Service Labor-Management Relations Statute. File an original form with the appropriate Regional Director, Federal Labor Relations Authority. If you do not know that address, contact the Office of the General Counsel, Federal Labor Relations Authority, (202)482-6600. If filing the charge by fax, you need only file a fax-transmitted copy of the charge (with required signature) with the Region. You assume responsibility for receipt of a charge. A charge is a self-contained document without a need to refer to supporting evidence and documents that are also submitted to the Regional Director along with the charge. If filing a charge by fax, do **not** submit supporting evidence and documents by fax. See 5 CFR Part 2423 for an explanation of unfair labor practice proceedings and, in particular, §§ 2423.4 and 2423.6, which concern the contents, filing, and service of the charge and supporting evidence and documents.

### Instructions for filling out each numbered box

- #1. Give the full name of the activity (or agency) you are charging and the mailing address, telephone #, and fax # (if available). Include the street number, city, state, zip code. If you are charging more than one activity/agency with the same act, attach the required information on a separate sheet.
- #2. Give the full name of the union or individual filing the charge and the mailing address, telephone #, and fax # (if available). If the union is affiliated with a national organization, give both the national affiliation and local designation.
- #3. and #4. This information is essential to the investigation of your charge as it tells us who is representing the parties. Be as specific and as accurate as possible. It will assist the investigation if you include your home as well as work telephone number in the space provided.
- #5. Identify which one or more of the following subsections of 5 U.S.C. 7116(a) has or have allegedly been violated. Subsection (1) has already been selected for you because a violation of (2) through (8) is an automatic violation of (1). List all sections allegedly violated:

## 7116. Unfair labor practices

- (a) For the purpose of this chapter, it shall be an unfair labor practice for an agency-
- (1) to interfere with, restrain, or coerce any employee in the exercise by the employee of any right under this chapter:
- (2) to encourage or discourage membership in any labor organization by discrimination in connection with hiring, tenure. promotion, or other conditions of employment;
- (3) to sponsor, control, or otherwise assist any labor organization, other than to furnish, upon request, customary and routine services and facilities if the services and facilities are also furnished on an impartial basis to other labor organizations having equivalent status;
- (4) to discipline or otherwise discriminate against an employee because the employee has filed a complaint, affidavit, or petition, or has given any information or testimony under this chapter;
- (5) to refuse to consult or negotiate in good faith with a labor organization as required by this chapter:
- (6) to fail or refuse to cooperate in impasse procedures and impasse decisions as required by this chapter:
- (7) to enforce any rule or regulation (other than a rule or regulation implementing section 2302 of this title) which is in conflict with any applicable collective bargaining agreement if the agreement was in effect before the date the rule or regulation was prescribed; or
- (8) to otherwise fail or refuse to comply with any provision of this chapter.
- #6. It is important that the basis for the charge be BRIEF, COMPLETE, and FACTUAL, rather than opinion.
  - Give dates and times of significant events as accurately as possible.

  - Give specific locations when important, e.g., "The meeting was held in the auditorium of Building 36."
     Identify who was involved by title, e.g., "Chief Steward Pat Jones" or "Lou Smith, the File Room Supervisor."
  - Tell what happened, in chronological order.
- #7. Indicate whether you or anyone else that you know of has raised this same matter in another forum:
  - a. GRIEVANCE PROCEDURE
  - b. FEDERAL MEDIATION AND CONCILIATION SERVICE
  - c. FEDERAL SERVICE IMPASSES PANEL
  - d. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
  - e. MERIT SYSTEMS PROTECTION BOARD
  - f. OFFICE OF SPECIAL COUNSEL
  - g. OTHER ADMINISTRATIVE OR JUDICIAL PROCEEDING
  - h. NEGOTIABILITY APPEAL TO FLRA
- **#8.** Type or print your name. Then sign and date the charge attesting to the truth of the charge and that you have served the charged party (individual named in box #3). Indicate method of service by placing an "x" in one of the boxes provided.