



State of Ohio
 State Employment Relations Board
 65 East State Street, 12th Floor
 Columbus, Ohio 43215-4213
 (614) 644-8573

<http://www.serb.state.oh.us/2000%20forms/ULP/ORC4117.PDF>

Case No.

OHIO REVISED CODE SECTION 4117.19 NONCOMPLIANCE COMPLAINT

INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address. Serve *one copy* on the employee organization. If more space is required for any item, attach additional sheets; please number the items accordingly.

1. Name of Party Filing Complaint:	
Address:	Telephone: work () home ()
City, State, Zip:	Fax: ()
2. Name of Person Representing the Party Filing Complaint: (Representative must file a Notice of Appearance form.)	
Address:	Telephone: ()
City, State, Zip:	Fax: ()
3. Name of Alleged Noncomplying Employee Organization:	
Affiliation (if any):	
Address:	Telephone: ()
City, State, Zip:	Fax: ()
4. Employer:	
Address:	Telephone: ()
City, County, State, Zip:	Fax: ()
5. Basis of Complaint: The alleged non-complying employee organization has violated Ohio Revised Code Section 4117.19 (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (D) <input type="checkbox"/> [check appropriate subsection(s)]	

6. Statement of Facts: Provide a clear and concise statement of the nature of the violation(s), and the facts constituting the alleged violation(s).

7. Constitution and/or Bylaws:

Sections alleged to be in violation of O.R.C. § 4117.19 (if applicable): _____

Attach copy of applicable sections of the constitution and bylaws (if applicable).

DECLARATION

I declare that I have read the contents of this O.R.C. § 4117.19 Noncompliance Complaint and that the statements it contains are true and correct to the best of my knowledge and belief.

To distinguish originals, please do not use black ink for signatures.

Signature of Person Attesting to Content of Form

Date

Print or Type Name

THIS O.R.C § 4117.19 NONCOMPLIANCE COMPLAINT WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE INITIATING PARTY.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Noncompliance Complaint has been sent or delivered to:

(Name and complete address of employee organization)

By Regular U.S. Mail Certified U.S. Mail Hand Delivery Other _____

this _____ (day) of _____ (month), _____ (year).

Signature of Person Attesting to Service of Form

Print or Type Name