

STATE OF HAWAII HAWAII LABOR RELATIONS BOARD Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813 HLRB-11 UNFAIR LABOR PRACTICE COMPLAINT

Case No.____

File the original and four copies of this Complaint, by U.S. Mail or in person, with the Hawaii Labor Relations Board, Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.

1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to the Hawaii Revised Statutes Sections 377-6, 377-7, 377-8 and 377-9, and its Administrative Rules, to determine whether there has been any violation of Hawaii Revised Statutes Chapter 377.

2. Complainant

(a) Name, address and telephone number.

(b) Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

(c) Name and address of national or international affiliate if Complainant is a labor organization.

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

HLRB-11 UNFAIR LABOR PRACTICE COMPLAINT

Page 2 of 3

3. Respondent

(a) Name, address and telephone number.

(b) Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

4. Allegations

The Complainant alleges that the above-named respondent(s) has (have) engaged in or is (are) engaging in unfair labor practice or practices within the meaning of Hawaii Revised Statutes Sections 377-6, 377-7 or 377-8. (Specify in detail the particular alleged violation, including the subsection or subsections of the Hawaii Revised Statutes Sections 377-6 and 377-7, alleged to have been violated, together with a complete statement of the facts supporting the complaint, including specific facts as to names, dates, times, and places involved in the acts alleged to be improper.)

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

HLRB-11 UNFAIR LABOR PRACTICE COMPLAINT

Page 3 of 3

5	Provide a clea	r and concier	statement of	any oth	or rolevant fa	cte
J .	Flovide a clea	r anu concise	statement of	any our	errelevantia	cis.

STATE OF HAWAII)		
) ss.		
CITY AND COUNTY OF)		
	, being first duly sworn on o	ath, deposes and says: that	is the
		d that has read th	
consisting of this and	additional page	(s), and is familiar with the facts alleged the	rein, which facts
		hose matters alleged on information and b	elief, which matters
belie	eves to be true.		
		(Signature)	
		(Title)	
Subscribed and sworn to bef	fore me		
this day of	, 20		
 Notary Public,	Circuit		
State of Hawaii			
My Commission expires:			