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.

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-508 (10-24)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT							
a. Name		b. Union Representative to contact					
c. Address (Street, city, state, and ZIP code)		d. Tel. No	D .	e. Cell No.			
			f. Fax. No	D.			
			g. e-mail				
h. The above-named labor organization has engaged in and is enga	aging in unfair	labor practices within the	e meaning	of section 8(b)	and (list subsections)		
					nd these unfair labor		
practices are practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	f the Act, or th	nese unfair labor practice	s are practi	ces affecting co	ommerce within the		
2. Basis of the Charge (set forth a clear and concise statement of th	ne facts const	ituting the alleged unfair	abor practi	ces)			
3. Name of Employer		4a. Tel. No.	b. Cell No.		c. Fax No.		
		d. e-mail					
		u. e-maii					
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representative to contact					
Type of establishment (factory, mine, wholesaler, etc.) 8. Identify		rincipal product or service	vice 9. Number o		of workers employed		
40 Faller and for the filter of the same							
10. Full name of party filing charge							
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No. c.		c. Fax No.		
	d. e-mail						
12. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.				Tel. No.			
				Cell No.			
(signature of representative or person making charge) (Print/type name and title or office, i			<i>y</i>) Fax No.				
(maybe mane and mo or onlock in				I da INO.			
Address Date				e-mail			

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 89 FR 24869 (April 9, 2024). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.