**[SAMPLE COMPLAINT]**

**BEFORE THE**

**INDIANA EDUCATION EMPLOYMENT RELATIONS BOARD**

Click here to enter text.

**Complaint**

**Opposing Amendment of Bargaining Unit**

1. **Information of Known Interested Parties**
	1. **Complainant’s Information**

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

* 1. **Complainant’s Attorney (*or Representative*) Information**

*[if applicable]*

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

1. **Basis for Complaint**

The complainant objects to the proposed amendment or composition of the bargaining unit and provides the following specific reasons for my opposition to the addition(s) or the exclusion(s) from the bargaining unit:

Click here to enter text.

The Complainant asks that this complaint be fully investigated by the Indiana Education Employment Relations Board and a determination made pursuant to IC 20-29.

Signature of Complainant

 Date Signed