**[SAMPLE COMPLAINT]**

**BEFORE THE**

**INDIANA EDUCATION EMPLOYMENT**

**RELATIONS BOARD**

 )

[*NAME OF COMPLAINANT(S*)] )

 Complainant[s] )

 )

v. ) Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ) [*Note: IEERB will assign case number after filing.*]

[*NAME OF RESPONDENT(S*)] )

 Respondent(s). )

 )

**VERIFIED COMPLAINT OF UNFAIR PRACTICE**

Complainant, [], [*Note: If represented, include “by” and* *attorney or representative’s name.*], and for its claim for unfair practice alleges:

1. Complainant, [\_\_\_\_\_\_\_\_\_\_], is a school [*employee/employee organization/employer*], whose email address is [\_\_\_\_\_\_\_\_\_\_\_] and telephone number is [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

[*Note: If represented or an organization, include attorney or representative name, title, email address, and telephone number. A Notice of Appearance must also be filed.*]

1. Respondent, [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_], is a school [*employee/employee organization/employer*], whose email address is [\_\_\_\_\_\_\_\_\_\_\_] and telephone number is [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

[*Note: Introduce all parties by providing their name, title, email address, and telephone number.*]

1. [\_\_\_\_\_] is the “exclusive representative” of the [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] under Indiana Code 20-29-2-9.
2. This Complaint is based on Indiana Code 20-29-7-[\_\_]. Specifically, [*Summarize the alleged violation.*].
3. [*Summarize facts of alleged violation, including dates, places, and individuals involved in alleged unfair practice – this will likely take several paragraphs.*]
4. Because Respondent [*Explain action taken/inaction.*], Respondent has violated Indiana Code 20-29-7-[].

**WHEREFORE**, Complainant respectfully requests relief finding that the Respondent engaged in an unfair practice under Indiana Code 20-29-7-[ ] and that Respondent [*provide a specific statement of the remedy or remedies sought for the alleged unfair practice*]

**OATH OF COMPLAINANT**

I declare and affirm under penalty of perjury under the laws of Indiana that the foregoing is true and correct. Executed on the \_\_\_[*day*]\_\_\_ day of \_\_\_[*month*]\_\_\_\_\_\_\_, \_\_\_\_  [*year*]\_\_\_, at \_\_\_\_\_[*city*]\_\_\_\_\_\_\_\_\_\_\_\_, \_[*state*]\_\_\_\_.

*[Complainant’s printed name]\_\_*\_\_\_\_\_\_\_ *[Complainant’s signature or electronic signature]*­

 [*Note: ALL Complainants must sign the Oath either physically or electronically.*]

**CERTIFICATE OF SERVICE**

I hereby certify that a true and exact copy of the foregoing has been served on [*Respondent(s)*], via [email] at [*Respondent’s email address*] on [*day, month, year*].

 [*signature or electronic signature*]\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [*name*]

 [*title*]

*[Note: All respondents must be individually served; 560 IAC 2-6-1.1(e) provides that complaints must be served via electronic service. In addition to being served electronically, complaints may also be served pursuant to 560 IAC 2-3.1-1(6).]*