

PNA COMPLAINT AGAINST EMPLOYER, EMPLOYEE ORGANIZATION OR EMPLOYEE(S)

K-PNA 008 (Rev. 6-12)

<p>Do Not Write In This Space</p> <p>CASE NO: _____</p> <p>DATE FILED: _____</p>

FILED BY: Employer
 Employee organization
 Employee(s)

INSTRUCTIONS: File an **original and two copies** by Certified Mail™ with Labor Relations at the address below. Questions regarding this form may be directed to Labor Relations at (785) 296-5000. If more space is required for any item, attach additional sheets and identify each item by number.

- 1. Employer, employee organization or employee(s) against whom complaint is brought:
 - a. Name: _____
 - b. Number of workers employed: _____
 - c. Address: _____
 - d. Representative: _____ Phone: _____
 - e. Type of establishment: _____
 - f. The above named has engaged in prohibited practices within the meaning of K.S.A. 72-5430 subsection(s) _____ of the Professional Negotiations Act.

- 2. Basis of the complaint (be specific as to facts, names, addresses, locations involved, dates, etc.): _____

- 3. Name and address of party filing complaint: _____

- 4. Relief sought by petitioner: _____

PNA Complaint against employer, employee organization or employee(s)

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DECLARATION: I declare that I have read the complaint and that the statements contained herein are true and correct to the best of my knowledge and belief.

Petitioner Affiliation, if any

By: _____
Signature of representative or person filing petition Title

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

Original and two copies must be mailed to the address below.