

INSTRUCTIONS: This complaint must be filed on EAB's electronic document management system. Service of this complaint is governed by EAB rules 621—2.15, 3.4 and 16.10.

**STATE OF IOWA  
BEFORE THE EMPLOYMENT APPEAL BOARD**

---

_____	)	
Complainant,	)	
and	)	PROHIBITED PRACTICE
	)	COMPLAINT
_____	)	
Respondent.	)	

---

COMES NOW the Complainant, \_\_\_\_\_, and in support of this Complaint, states as follows:

- 1. The party against whom this complaint is brought is:
  - a. Name (give full name of agency, organization, or person charged):
  
  - b. Address, phone number and Email:
    - a. Address: \_\_\_\_\_
    - b. Phone #: \_\_\_\_\_
    - c. Email: \_\_\_\_\_

2. The complainant alleges that the above-named party has engaged in or is engaging in prohibited practices within the meaning of section(s) \_\_\_\_\_ of the Employment Appeal Act.

3. The party charged is in violation of the above-cited section(s) because of the following: (briefly state the facts supporting this complaint including names, dates and places involved in the alleged violation).

4. Complainant seeks the following remedy:

5. The name, address, phone number and Email of the Public Employer involved (if different from paragraph 1) is:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone #: \_\_\_\_\_

d. Email: \_\_\_\_\_

6. The complainant is:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Email: \_\_\_\_\_

Submitted by:

---

Signature

---

Printed Name

---

Address

---

Phone Number

---

Email