

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