

State of California
Agricultural Labor Relations Board
Charge Against Employer

Print Form

Instructions: File an original and 2 copies of this charge with the ALRB regional director or sub-regional director for the region or sub-region in which the alleged unfair labor practice occurred or is occurring. However, if you elect the option to have the regional director serve the charge on the charged party, file an additional copy of the charge for each organization, each local, and each individual named in Item 1 below. The charge must be accompanied by declarations as provided in regulation 20213. There is no obligation to serve the declaration on the charged party.

Do not write in this space

Case No. _____

Date Filed: _____

Check one:

- ☐ I will serve the charge on the charged party.
- ☒ I request that the regional director serve the charge on the charged party.

Name of Employer Against Whom Charge is Brought

Name

Address(es) of Employer's Operation(s) Involved (street and number, city, state, and zip code)

Addr <input type="text" value="16 W. GABILAN STREET"/>	Addr <input type="text" value="2410 W. MAIN STREET"/>
City <input type="text" value="SALINAS"/> State <input type="text" value="CA"/> Zip <input type="text" value="93901"/>	City <input type="text" value="SANTA MARIA"/> State <input type="text" value="CA"/> Zip <input type="text" value="93458"/>

Employer Representative to Contact

Name

Phone Fax

Email

Basis of the Charge (be specific as to facts, names, addresses, locations involved, dates, places, etc.)

Charge Basis

Name of Party Filing Charge (if labor organization, give full name of the National or International organization and the local name and number)

Name

Declaration

I declare under penalty of perjury that I have read the above charge and that the statements herein are true to the best of my knowledge and belief.

By: 

Date: 5/8/2020

Signature of Representative or Person Filing Charge

Name Zulema Aleman

Title Organizer

Addr 120 E. Jones Street, #120

Phone 805-310-4165

City Santa Maria

State CA

Zip 93454

Fax

Email Zulema@causenow.org