

# VERIFIED IMPROPER PRACTICE PETITION

OFFICE OF COLLECTIVE BARGAINING  
100 GOLD STREET, SUITE 4800  
NEW YORK, N.Y. 10038  
MAILING ADDRESS: PECK SLIP STATION, P.O. BOX 1018  
NEW YORK, NY 10038  
PHONE: (212) 306-7160 FAX: (212) 306-7167

Docket Number

Date Filed

**INSTRUCTIONS:** Consult the New York City Collective Bargaining Law, Chapter 3, Title 12 of the Administrative Code of the City of New York ("NYCCBL"), § 12-306, and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-07 and § 1-12. File original with OCB, including proof of service, and serve one copy on the designated agent for each Respondent.

## 1. PETITIONER INFORMATION

Name:

Address:

Phone:

Email:

## 2. RESPONDENT INFORMATION

Name:

Address:

Phone:

Email (optional):

## 3. ADDITIONAL RESPONDENT (if applicable)

Name:

Address:

Phone:

Email (optional):

## 4. NATURE OF THE CONTROVERSY (failure to provide the following may result in delay or dismissal)

(a) List subsections of NYCCBL § 12-306 claimed to have been violated:

(b) Using separate sheet(s) and numbered paragraphs, state in a clear and concise manner: the facts, including names, dates, and particular actions constituting each violation. This statement may be supported by attachments but may not consist solely of such attachments. Attach each document as a separate exhibit and explain its relevance;

(c) Attach relevant sections of agreements, rules, or policies involved;

(d) Provide an explanation why these actions constitute violations of the NYCCBL subsections specified;

(e) State the relief sought.

## 5. VERIFICATION

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) SS.:

\_\_\_\_\_, being duly sworn deposes and says that (s)he is the petitioner above-named, or its representative, and that (s)he has read the above charge consisting of this and \_\_\_ additional pages, and is familiar with the facts alleged herein, which (s)he knows to be true, except as to those matters alleged upon information and belief, which matters (s)he believes to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me

\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Notary