



State of Ohio
State Employment Relations Board
65 East State Street, 12th Floor
Columbus, Ohio 43215-4213
(614) 644-8573
ULP@SERB.ohio.gov

Case No.

UNFAIR LABOR PRACTICE CHARGE

INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address. Serve *one copy* on the party against whom the charge is brought. See Ohio Administrative Code Rule 4117-1-02. If more space is required for any item, attach additional sheets; please number the items accordingly.

NOTE: If you wish to file unfair labor practice charges against both the employer and the union, then separate Unfair Labor Practice Charge forms must be filled out. For the form(s) to be filed against the union, fill out all sections of this form. For the form(s) to be filed against the employer, fill out all sections except section four, which is used to identify the employer for charges filed against the union or its representative(s).

1. Party Filing Charge: (Check One)

Employee Organization/Union Employee Employer Other _____

Name:

The University of Akron

Address:

302 E Buchtel Ave

Telephone: work (330)972-7830
home ()

City, County, State, Zip:

Akron, Summit, OH 44325

E-mail:

generalcounsel@uakron.edu

2. Name of Person Representing the Party Filing Charge:

(Representative must file a Notice of Appearance form.)

George S. Crisci

Address:

950 Main Avenue, 4th Floor

Telephone:

(216) 696-4441

City, State, Zip:

Cleveland, Ohio 44113

E-mail:

gsc@zrlaw.com

3. Party Against Whom This Charge is Brought: (Check Only One)

Employee Organization/Union Employee Employer Other _____

Name:

American Association of University Professors, University of Akron Chapter

Address:

185 E. Mill St. #101a

Telephone:

(216)566-1600

City, County, State, Zip:

Akron, Summit, OH 44325

E-mail:

emcnair@smcnlaw.com

4. Employer: (If different from item 1 or 3)

Address:

Telephone:

()

City, County, State, Zip:

E-mail:

5. Basis of Charge: Check all the boxes that apply. (See item #5 on the instructions for a link to the information needed to complete this section).

Charges against employers: (A)(1) (A)(2) (A)(3) (A)(4) (A)(5) (A)(6) (A)(7) (A)(8)

Charges against unions: (B)(1) (B)(2) (B)(3) (B)(4) (B)(5) (B)(6) (B)(7) (B)(8)

Jurisdictional Work Dispute O.R.C. 4117.11(D)

6. Statement of Facts: Provide a detailed statement of the facts explaining the alleged violation(s). Include who, what, where, when, how, and all dates. If you need more space, you may attach a separate sheet containing the Statement of Facts.

See attached Statement of Charge

A failure to provide the above information could result in the charge being dismissed for failure to provide a clear and concise statement.

DECLARATION

I declare that I have read the contents of this Unfair Labor Practice Charge and that the statements it contains are true and correct to the best of my knowledge and belief.

To distinguish originals, please do not use black ink for signatures.

8/28/2020

Signature of Person Confirming the Content of Form

Date

George S. Crisci, Esq.

Print or Type Name

THIS UNFAIR LABOR PRACTICE CHARGE WILL NOT BE ACCEPTED FOR FILING UNLESS THE PROOF OF SERVICE IS FULLY COMPLETED AND BEARS AN ORIGINAL SIGNATURE OF A REPRESENTATIVE OF THE PARTY FILING THE CHARGE.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Unfair Labor Practice Charge has been sent or delivered to:

American Association of University Professors, University of Akron Chapter

(Name and complete address of party against whom this charge is brought)

c/o Eben O. McNair, IV, 1215 Superior Avenue, Suite 225, Cleveland, OH 44114

By Regular U.S. Mail Certified U.S. Mail Hand Delivery Other E-mail

this 28 (day) of August (month), 2020 (year).

George S. Crisci, Esq.

Signature of Person Confirming Service of Form

Print or Type Name