

3. Full name of labor organization filing complaint (give full name, including local name, number and person filing form)

4a. Address (street number, city and Zip Code)

4b. Phone No.:

4c. Fax No.:

5. Full name of national or international labor organization of which complainant is an affiliate or constituent unit

6. DECLARATION

I declare that I have read the above complaint and that the statements are true to the best of my knowledge and belief.

Date: _____

By: _____
(Signature of person filing complaint) Title

Address: _____ Phone No. _____ Fax No. _____

7. ACKNOWLEDGEMENT

State of New York)

) ss.:

County of Suffolk)

On this ____ day of _____, 2006, before me personally came _____ to me known, who being by me duly sworn did depose and say that he/she resides at _____; that he/she is a member of the _____ labor organization, that he/she signed the foregoing complaint for and on behalf of the _____ labor organization by virtue of his/her authority as _____.

Notary Public: State of New York