

STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD

**STATEMENT OF OBJECTIONS TO THE CONDUCT OF
ELECTION OR CONDUCT AFFECTING THE RESULTS OF AN ELECTION**

CASE NO. _____

INSTRUCTIONS. Submit the original and five copies of this Statement, with proof of service on all parties attached, to the Hawaii Labor Relations Board, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.

1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to Hawaii Revised Statutes Sections 89-5 and 89-7, and its Administrative Rules, to conduct an investigation and, if appropriate, a hearing to determine whether the objections herein proposed substantially affected the results of the election.

2. PETITIONER

a. Name, address and telephone number.

b. Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

3. RESPONDENT (Public Employer or its Agent and/or Employee Organization or its Agents Against Whom Petition is Filed.)

Name, address and telephone number.

4. Indicate the appropriate bargaining unit(s) of employee(s) involved.

5. ALLEGATIONS

Specify in detail the particular objection to the conduct of the election or conduct affecting the results of the election, including names, dates, times and places.

6. Provide a clear and concise statement of any other relevant facts.

STATE OF HAWAII)
) ss.
CITY AND COUNTY OF)

_____, being first duly sworn on oath, deposes and says: that _____ is the Petitioner above named, or _____ representative, and that _____ has read the above Petition consisting of this and _____ additional page(s), and is familiar with the facts alleged therein, which facts _____ knows to be true, except as to those matters alleged on information and belief, which matters _____ believes to be true.

(Signature)

(Title)

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public, _____ Circuit
State of Hawaii

My Commission expires: _____

Doc. Date: _____	# Pages: _____
Notary Name: _____	_____ Circuit
Doc. Description: _____	

_____ Notary Signature	_____ Date
(Stamp or Seal)	