



14. (a) Is there a collective bargaining agreement that may apply to the conduct that is alleged to have violated the Law?  Yes  No

(b) If you checked "Yes" in question 14(a), please list all of the clauses alleged to apply and attach a copy of each.

(c) Is there a grievance concerning this matter pending?  Yes  No

15. Without limiting your rights to later amend your remedial request, please explain what remedy you seek. Include the amount of any financial remedy to which you claim entitlement.

**BHE bargain in good faith and make a legitimate financial proposal.**

16. Have you attempted to settle this case?  Yes  No  
If not, why not?


*Note: The DLR may decline to issue a complaint unless reasonable settlement efforts have been made by the charging party. 456 CMR 15.04(1).*

**INFORMATION ON CHARGING PARTY**

17. Name <b>Massachusetts State College Association</b>	18. Representative to contact <b>Ira C. Fader</b>	20. Telephone Number
19. Address (street and No., city/town, state, and ZIP code) <b>2 Heritage Drive, Suite 800, Quincy, MA 02171</b>		21. Fax Number
22. The Charging Party is an: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Employee Organization <input type="checkbox"/> Employer		

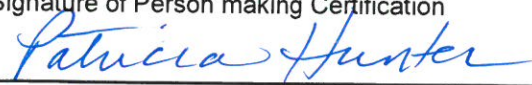
**DECLARATION**

**I have read the above charge of prohibited practice and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.**

Name (print) <b>Roberta James</b>	Signature 	Title (if any) <b>Consultant</b>
Address (street and no., city/town, state, and ZIP code) <b>2 Heritage Drive, Suite 800, Quincy, MA 02171</b>		Telephone Number <b>617.878.8204</b>

**CERTIFICATE OF SERVICE**

**I hereby certify that I have served a copy of this Charge of Prohibited Practice on the following representative of the opposing party.**

Name <b>James B. Cox</b>	Address (street and no., city/town, state, and ZIP code) <b>Rubin and Rudman LLP, 50 Rowes Wharf, Boston</b>	Telephone Number <b>617.330.7000</b>
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input checked="" type="checkbox"/> Other (specify): <u><b>Email</b></u>		
Signature of Person making Certification 		Telephone Number <b>617.878.8227</b>