FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-105870	Date Filed 5/22/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Larkin Street Youth Services		b. Tel. No. (415) 673-0911 c. Cell No f. Fax No (415) 749-3838
d. Address *(Street, city, state, and ZIP code)* 701 Sutter Street, Suite 2 San Francisco, CA 94109	e. Employer Representative Sherilyn Adams	g. e-Mail h. Number of workers employed 85
i. Type of Establishment *(factory, mine, wholeseler, etc.)* Private Non-Profit	j. Identify principal product or service Social Services	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within six (6) months of filing this charge, Employer awarded benefits to anti-union employees and denied these same benefits to union supporters. Such conduct violated Section 7 of the Act.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*

Service Employees International Union, Local 1021

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NLRB, REGION 20

4a. Address *(Street and number, city, state, and ZIP code)* 350 Rhode Island Street San Francisco, CA 94103 Attn: Caitlin Prendiville	4b. Tel. No. (415) 848-3611 4c Cell No. 4d. Fax No. (415) 431-6241 4e. e-Mail caitlin.prendiville@seiu1021.org

2013 MAY 22 P 4: 46

SAN FRANCISCO, CA

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
Service Employees International Union

6. DECLARATION

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

By Sean D. Graham
(signature of representative or person making charge) Sean D. Graham *(Print/type name and title or office, if any)*

Address 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

05/22/13
(date)

Tel No. (510) 337-1001
Office, if any, Cell No
Fax No. (510) 337-1023
e-Mail sgraham@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-106248	Date Filed 5/30/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Fairfield Toyota		b. Tel. No. (707) 402-3144 c. Cell No f. Fax No. (707) 402-3162
d. Address *(Street, city, state, and ZIP code)* 2575 Automall Parkway, Fairfield, CA 94533	e. Employer Representative Patrick Jordan, Attorney (415) 459-9865	g. e-Mail h. Number of workers employed
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Automotive Services	j. Identify principal product or service Automotive Services	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* (3) & (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the last six months the above named employer has terminated (b) (6), (b) (7)(C) on account of Union and/or protected activity. The employer has furthermore failed and refused to bargain over the decision to terminate (b) (6), (b) (7)(C) prior to imposing the discipline. The employer has furthermore failed and refused to bargain over the decision to terminate (b) (6), (b) (7)(C) and has indicated its agreement to bargain only over the effects. This is in contempt of the Court Order and the employer and (b) (6), (b) (7)(C) should be thrown in jail

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*

Automotive Machinists Lodge No. 1173, District Lodge 190

4a. Address *(Street and number, city, state, and ZIP code)* 1900 Bates Avenue, Suite H, Concord, CA 94520-1239	RECEIVED NLRB, REGION 20 2013 MAY 30 A 8:37 SAN FRANCISCO, CA	4b. Tel. No. (925) 687-6421 4c. Cell No 4d. Fax No. (925) 685-4116 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
International Association of Machinists and Aerospace Workers, AFL-CIO

6. DECLARATION

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

By _____ David A. Rosenfeld
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

Address: WEINBERG, ROGER & ROSENFELD
1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

05/28/13
(date)

Tel. No. (510) 337-1001
Office, if any, Cell No.
Fax No. (510) 337-1023
e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C)

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ORIGINAL

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-107202	6/13/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Grand Hyatt Hotel		b. Tel. No. 415-398-1234 c. Cell No.
d. Address (street, city, state ZIP code) 345 Stockton, San Francisco, CA 94112	e. Employer Representative Nancy Morgan, HR Director	f. Fax No. g. e-Mail h. Dispute Location (City and State) San Francisco, CA
i. Type of Establishment (factory, nursing home, hotel) Hotel	j. Principal Product or Service Lodging	k. Number of workers at dispute location 550

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Since about (b) (6), (b) (7)(C) 2013, the Employer has interfered with, restrained, and coerced its employees by issuing discipline to me regarding my attempts to discuss colleagues' work issues with management.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*) (b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) [redacted]	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)
N/A

6. DECLARATION **I de[redacted] the statements are true to the best of my k[redacted]** (b) (6), (b) (7)(C)		Tel. No. (b) (6), (b) (7)(C)
By: [redacted]	(b) (6), (b) (7)(C)	Office, if any, Cell No.
(sign[redacted] Add[redacted]	Print Name and Title Date: 6/13/13	Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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2013 JUN 13 A 11: 20
SAN FRANCISCO, CA

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-108055	6/26/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer SECURITAS SECURITY SERVICES, USA, INC.		b. Tel. No. (916)569-4507 c. Cell No.
d. Address (street, city, state ZIP code 2045 Hurley Way, Suite 175 Sacramento, CA 95825	e. Employer Representative Antonio Rios, Scheduling Manager Health Care Division	f. Fax No. 916-569-4547 g. e-Mail h. Dispute Location (City and State) Sacramento, CA
i. Type of Establishment (factory, nursing home, hotel) Security Services Contractor	j. Principal Product or Service Security Services	k. Number of workers at dispute location 3000

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

WITHIN THE LAST SIX MONTHS PRECEDING THE FILING OF THIS CHARGE, THE EMPLOYER DISCIPLINED AND TERMINATED [redacted] BECAUSE OF [redacted] UNION AND/OR PROTECTED CONCERTED ACTIVITIES.

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NLRB REGION 20
2013 JUN 26 P 1:
SAN FRANCISCO, CA

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*) S.E.I.U. U.S.W.W.

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my ku**		Tel. No. (b) (6), (b) (7)(C)
By: (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
(signa arge) Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Print Name and Title Date:	Fax No. e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-108567	7/3/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Crown Plaza Hotel		b. Tel. No. (650) 373-7062 c. Cell No.
d. Address (street, city, state ZIP code) 1177 Airport Blvd. Burlingame, CA 94010	e. Employer Representative Norval Nelson (General Manager)	f. Fax No. g. e-Mail h. Dispute Location (City and State) Burlingame, CA
i. Type of Establishment (factory, nursing home, hotel) Hotel	j. Principal Product or Service Lodging	k. Number of workers at dispute location 100

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

On [redacted] 2013, the above named Employer, through its agents and /or officers, violated the Act by terminating the Charging Party for engaging in union activities and/or protected concerted activities.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)

(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel. No. (b) (6), (b) (7)(C)
By: X (b) (6), (b) (7)(C) (signatu[redacted] Address: (b) (6), (b) (7)(C) [redacted]	(b) (6), (b) (7)(C) (An Individual) Print Name and Title Date: X 07-03-2013	Office, if any, Cell No. Fax No. e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case: 20-CA-108855

Date Filed: 7/9/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer: Transitional Residential Treatment Facilities, INC

b. Tel. No. 1(707) 443-8218

c. Cell No. 1(707) 4992074

f. Fax No. 707-444-3715

g. e-Mail

d. Address (Street, city, state, and ZIP code): Facility 1010 W Henderson Eureka 95501 — Mailing address TRTF P.O Box 6299 Eureka CA 95502

e. Employer Representative: Therese Duke

h. Number of workers employed: 12

i. Type of Establishment (factory, mine, wholesaler, etc.): Transition Home

j. Identify principal product or service: Mental Health

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8a3 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Retaliation for concerted activity, union organizing.
Worker terminated for concerted activity including, circulating a petition organizing on the job and discussing hours wages terms and conditions with co-workers.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

[redacted] (b) (6), (b) (7)(C) IWW (industrial workers of the world I.U 610 [redacted] (b) (6), (b) (7)

4a. Address [redacted] ZIP code)

[redacted] (b) (6), (b) (7)(C)

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NLRB, REGION 20
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4b. Tel. No.

4c. Cell No. [redacted] (b) (6), (b) (7)(C)

4d. Fax No.

4e. e-Mail [redacted] (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION

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

Tel. No. [redacted] (b) (6), (b) (7)(C)

Office, if any, Cell No.

By [redacted] (b) (6), (b) (7)(C)

Print/type name and title or office, if any [redacted] (b) (6), (b) (7)(C)

Fax No.

e-Mail [redacted] (b) (6), (b) (7)(C)

Address [redacted] (b) (6), (b) (7)(C)

(date) 7-8-2013

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20–CA–109103	7/16/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer UFCW Employers & Benefits Trust		b. Tel. No. (800)552-2400 c. Cell No.
d. Address (street, city, state ZIP code) 2200 Professional Dr., Suite 200, Roseville, CA 95661	e. Employer Representative Carol Fisher-Stockman	f. Fax No. (925)-746-7549 g. e-Mail h. Dispute Location (City and State) Roseville, CA
i. Type of Establishment (factory, nursing home, hotel) Benefits Trust	j. Principal Product or Service Health & Welfare Plans	k. Number of workers at dispute location 0

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

On about [redacted] 2013 the Employer has interfered with, restrained, and coerced its employees by terminating (b) (6), (b) (7)(C) in retaliation for [redacted] protected concerted activity.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**	Tel. No.
By: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Office, if any, Cell No. (b) (6), (b) (7)(C)
(signature of representative or person making charge) Print Name and Title Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date: 7/10/13	Fax No. e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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2013 JUL 16 P 2:18
SAN FRANCISCO, CA

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-109576	7/19/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Vibra Hospital of Northern California		b. Tel. No (530) 246-9000 c. Cell No.
d. Address (street, city, state ZIP code) 2801 Eureka Way Redding, CA 96001	e. Employer Representative Chris Jones, CEO	f. Fax No. g. e-Mail h. Dispute Location (City and State) Redding, CA
i. Type of Establishment (factory, nursing home, hotel) Hospital	j. Principal Product or Service Medical Services	k. Number of workers at dispute location 100

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the past six months, the Employer has interfered with, restrained, and coerced its employees by maintaining an overbroad solicitation and distribution policy that discriminatorily prohibits the posting of union materials and has threatened employees with discipline and discharge for violating that policy. On [redacted] 2013, the Employer discriminated against employee [redacted] by discharging [redacted] for posting a flyer advertising a union meeting in order to discourage employees from engaging in union activities.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
[redacted]

4a. Address (street and number, city, state, and ZIP code) [redacted]	4b. Tel. No [redacted] 4c. Cell No. 4d. Fax No. 4e. e-Mail [redacted]

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NLRB, REGION 20
2013 JUL 19 P 1:55

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

SAN FRANCISCO, CA

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel. No [redacted]
By [redacted]	[redacted] an Individual	Office, if any, Cell No.
(si[redacted]arge) Address. [redacted]	Print Name and Title Date 7/17/13	Fax No. e-Mail [redacted]

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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ORIGINAL

FORM NLRB-501
(02-07)

FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-109685	7/22/2013

INSTRUCTIONS
File an original together with four copies and a copy for each additional charged party in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer		b. Number of workers employed
ProTransport - 1		300
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
720 Portal Street, Cotati, CA 94931	Brandon Deshazer	707-975-3886
		Fax No. 707-585-6341
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Emergency Medical Transportation	Emergency Medical Transport Services	

h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months immediately preceding the filing of this charge, the above named employer, by and through its officers and/or agents, violated Sections 8(a)(1) and 8(a)(3) of the Act by issuing discipline to (b) (6), (b) (7)(C) in retaliation for [redacted] Union activities and in retaliation for [redacted] protected concerted activities, including, without limitation, for filing and pursuing grievances, and/or for pursuing NLRB charges, and/or for becoming a (b) (6), (b) (7)(C), in order to discourage other bargaining unit members from engaging in such activities while the employer has also repudiated the grievance process in the CBA.

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
United Steelworkers/Turlock Emergency Medical Services Association Local 12911

RECEIVED
NLRB, REGION 20
2013 JUL 22 P 12: 38
SAN FRANCISCO, CA

4a. Address (street and number, city, state and ZIP code)	b. Telephone No.
P.O. Box 640, Turlock, CA 95381	(209) 652-3056
	Fax No. (209) 357-7204

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

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

By Manuel A. Boigues
(signature of representative or person making charge)

Manuel A. Boigues, Attorney
(print/type name and title or office, if any)

Address 1001 Marina Village Pkwy., Ste. 200 Alameda, CA 94501 (Fax) (510) 337-1023
(510) 337-1001 (Telephone No.) July 22, 2013 (Date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of this information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-111655	Date Filed 8/20/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Pace Solano		b. Tel. No. 707-448-2283 c. Cell No. f. Fax No. 707-448-6892
d. Address *(Street, city, state, and ZIP code)* 419 Mason Street, Suite 118 Vacaville, CA 95688	e. Employer Representative Kelley Hanson, Executive Director	g. e-Mail h. Number of workers employed 151
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Private non-profit	j. Identify principal product or service Transportation and behavioral services for people with developmental disabilities	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* 3 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within six (6) months preceding the filing of this charge, the Employer discriminated and retaliated against the employee (b) (6), (b) (7)(C) for [redacted] exercise of Section 7 activities.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
Service Employees International Union, Local 1021

RECEIVED
NLRB, REGION 20
2013 AUG 20 A 11:44
SAN FRANCISCO, CA

4a. Address *(Street and number, city, state, and ZIP code)* 100 Oak Street, Oakland, CA 94607	4b. Tel. No. (510) 350-4527 4c. Cell No. 4d. Fax No. (510) 451-6928 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
Service Employees International Union

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. By [signature] *(signature of representative or person making charge)* Manuel A. Bolgues *(Print/type name and title or office, if any)* Address: 1001 Marina Village Parkway, Suite 200 Alameda, CA 94501 August 20, 2013 *(date)*	Tel. No. (510) 337-1001 Office, if any, Cell No. (Fax No. (510) 337-1023 e-Mail mbolgues@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.
(b) (6), (b) (7)(C)

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-111791	8/21/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Kaiser Permanente

b. Tel. No. 916-787-6465

c. Cell No.

f. Fax No.

d. Address *(Street, city, state, and ZIP code)*
1840 Sierra Gardens
Roseville, Ca. 95661

e. Employer Representative
Peggy Gachowski

g. e-Mail
peggy.gachowski@kp.org

h. Number of workers employed
Greater than 100

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Healthcare Industry

j. Identify principal product or service
Health care services

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* 1, 2, 3, 4, of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*
Before Jan 2013, no problems acting as [redacted] Jan 2013 got a new Management. Since then my management team, has disciplined me 1 time attending [redacted] afterwards, management said was later than should be. Received written warning attending grievance meeting as [redacted] Investigations scheduled at last minute, cant attend on day off, my employer wont reschedule meetings. H R Consultant says any [redacted] can come not just the one elected for the area. I have been filing grievances, each time I request documents, I do not recieve the ones I request. Reported to DEFH on several retaliation cases and no interactive process and reasonable accommodation, reported to the compliance officer, filing multiple grievances on unjust terminations and now being investigated for my work performance. Investigated for performing an investigation for a grievance. After 7/19 investigation my manager warned me if I just did my work and stopped my union activities I would be fine. Investigated on [redacted], on administrative leave, awaiting termination

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
[redacted]

4a. Address *(Street and number, city, state, and ZIP code)*
[redacted]

4b. Tel. No.

4c. Cell No. [redacted]

4d. Fax No.

4e. e-Mail
[redacted]

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)* Service Employee International Union United Healthcare Workers West

6. DECLARATION
I declare that [redacted] and that the statements are true to the best of my knowledge and belief.

By [redacted]
(signature of representative or person making charge)

[redacted]
(Print/type name and title or office, if any)

8/20/2013
(date)

Address [redacted]

Tel. No.

Office, if any, Cell No. [redacted]

Fax No.

e-Mail
[redacted]

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-112811	September 6, 2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Department of Education MAUI
Lanai High and Elementary School

b. Tel. No.
808 - 565 - 7900

c. Cell No.

f. Fax No.

d. Address *(Street, city, state, and ZIP code)*
P. O. BOX 630630
555 FRASER AVENUE
LANAI CITY, HI 96763

e. Employer Representative
Hawaii Dept. of Educ.
Kathryn Matayoshi

g. e-Mail

h. Number of workers employed
50 +

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
SCHOOL

j. Identify principal product or service
EDUCATION

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* _____ of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Discrimination / Discriminatory hiring practice of Public School
Favoritism, Cronyism, Nepotism
Hiring of friends, relatives with out Certifications.

RECEIVED
NLRB SUBREGION 37
2013 SEP -6 AM 10:13
HONOLULU, HAWAII

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
(b) (6), (b) (7)(C)

4a. Address *(Street and number, city, state, and ZIP code)*
(b) (6), (b) (7)(C)

4b. Tel. No.
(b) (6), (b) (7)(C)

4c. Cell No.
(b) (6), (b) (7)(C)

4d. Fax No.

4e. e-Mail
(b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*

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

By (b) (6), (b) (7)(C)
(signature of person making charge)

(b) (6), (b) (7)(C)
(Print/type name and title or office, if any)

Tel. No.
(b) (6), (b) (7)(C)

Office, if any, Cell No.
(b) (6), (b) (7)(C)

Fax No.

e-Mail
(b) (6), (b) (7)(C)

Address (b) (6), (b) (7)(C)

7-30-13
(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case	Date Filed
20-CA-112861	9/06/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
CPMC, Pacific Campus

b. Tel. No. 415-600-6000
c. Cell No.
f. Fax No. 415-600-7365
g. e-Mail
h. Number of workers employed 600

d. Address *(Street, city, state, and ZIP code)*
2333 Buchanan St.
San Francisco, CA 94115

e. Employer Representative
Warren Browner, CEO

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Acute Care Hospital

j. Identify principal product or service
Healthcare

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* (3), & (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

On or about September 5, 2013, the above-named Employer, by its officers, agents and representatives violated the Act by:

- retaliating against (b) (6), (b) (7)(C) because of (b) (6), (b) support for and activities on behalf of California Nurses Association/National Nurses United ("Union"), and because (b) (6), (b) engaged in concerted activities with other employees of the Employer for the purpose of collective bargaining and other mutual aid and protection, and in order to discourage support for the Union; and,

- retaliating against (b) (6), (b) (7)(C) because of (b) (6), (b) participation in the filing of a charge by the Union.

3. Full name of party filing charge *(If labor organization, give full name, including local name and number)*
California Nurses Association/National Nurses United (CNA/NNU)

4a. Address *(Street and number, city, state, and ZIP code)*
2000 Franklin Street
Oakland, CA 94612

4b. Tel. No. 510-273-2200
4c. Cell No.
4d. Fax No. 510-663-4822
4e. e-Mail

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NLRB, REGION 20
2013 SEP -6 P 2:59
SAN FRANCISCO, CA

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)* AFL-CIO

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

By [signature] *(signature of representative or person making charge)*
Nicole Daro, Legal Counsel *(Print/type name and title or office, if any)*

Address 2000 Franklin Street, Oakland, CA 94612
09/06/13 *(date)*

Tel. No. 510-273-2294
Office, if any, Cell No. 510-207-8291
Fax No. 510-663-4822
e-Mail ndaro@calnurses.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501
(09-07)

FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-113174	9/11/2013

INSTRUCTIONS
File an original together with four copies and a copy for each additional charged party in Item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer		b. Number of workers employed
Kaiser – Vallejo		+
c. Address (*street, city, state, ZIP code*) One Kaiser Plaza, Legal Department, 19th Floor Oakland, CA 94612	d. Employer Representative Ronald E. Goldman	e. Telephone No. 510-271-2628 Fax No. (510) 267-2128 Email:
f. Type of Establishment (*factory, mine, wholesaler, etc.*) Hospital	g. Identify principal product or service Health Care	

h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (*list subsections*), **8(a)(3)** of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the last six months immediately preceding the filing of this charge, the above-named employer, by and through its officers and/or agents, violated Sections 8(a)(1) and 8(a)(3) of the Act when it disciplined a worker because of [redacted] protected, concerted activity and speech.

RECEIVED
NLRB, REGION 20
2013 SEP 11 A 11: 35
SAN FRANCISCO, CA

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
SEIU United Healthcare Workers - West

4a. Address (*street and number, city, state and ZIP code*)	4b. Telephone No.
560 Thomas L. Berkley Way Oakland, CA 94612	(510) 251-1250 Fax No. (510) 763-2680

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)
Service Employees International Union

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

By Bruce A. Harland
(*signature of representative or person making charge*)

Bruce A. Harland, Attorney
(*print/type name and title or office, if any*)

Address 1001 Marina Village Pkwy., Ste. 200 Alameda, CA 94501 (Fax) (510) 337-1023
(510) 337-1001 (*Telephone No.*)
September 11, 2013 (*Date*)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of this information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

[redacted]

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-113237	9/12/2013

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer WINDSOR REDDING CARE CENTER		b. Tel. No. (310) 795-6402 c. Cell No
d. Address (street, city, state ZIP code) 2490 Court Street Redding, CA 96001	e. Employer Representative Josh Sable	f. Fax No. g. e-Mail h. Dispute Location (City and State) Redding, CA
i. Type of Establishment (factory, nursing home, hotel) Skilled Nursing Facility	j. Principal Product or Service Health Care	k. Number of workers at dispute location

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the six months immediately preceding the filing of this charge, the above-named employer, by and through its officers and/or agents, violated Sections 8(a)(1), 8(a)(3), and 8(a)(5) of the Act when it retaliated against a member of the bargaining team by removing the worker from the schedule in order to intimidate and harass the worker and to discourage other workers from engaging in protected concerted activities, and when it failed to provide the Union notice and an opportunity to bargain prior to making a change to the worker's schedule.

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NLRB, REGION 20

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
SEIU UNITED HEALTHCARE WORKERS - WEST 2013 SEP 12 P 2:48

4a. Address (street and number, city, state, and ZIP code) 560 Thomas L. Berkley Way Oakland, CA 94612	SAN FRANCISCO, CA	4b. Tel. No. (510) 251-1250 4c. Cell No. 4d. Fax No. (510) 763-2680 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)
Service Employees International Union

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel. No. (510) 337-1001
By [signature] (signature of representative or person making charge)	Manuel A. Boigues, Attorney Print Name and Title	Office, if any, Cell No. Fax No. (510) 3371023
Address: 1001 Marina Village Pkwy., Ste. 200 Alameda, CA 94501	Date: 9/12/2013	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

ORIGINAL

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-114062	9/24/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Alohe Holdings Plum Corp. Auburn Oaks Care Center

b. Tel No 530-888-6257

c. Cell No.

f. Fax No

d. Address (Street, city, state, and ZIP code) 3400 Bell Road Auburn, Ca. 95603

e. Employer Representative Brandon Huss Kevin Hadfield Administrator

g. e-Mail

h. Number of workers employed Over 100

i. Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home

j. Identify principal product or service Nursing Home

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

(b) (6), (b) (7)(C) -13)

Discrimination - Terminated while under Doctor's Care. Informed I had (b) (6), (b) (7)(C) & had no more time Informed by (b) (6), (b) (7)(C) /Human Resource/Payroll, no other choice but to Terminate me on (b) (6), (b) (7)(C) /13, (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13

3. Name of Labor Organization (Full name, including local name and number)

(b) (6), (b) (7)(C)

4a. Address (Street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

4b. Tel No

(b) (6), (b) (7)(C)

4d. Fax No

4e. e-Mail

RECEIVED
NLRB, REGION 20
2013 SEP 24 P 3:01
SAN FRANCISCO, CA

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION

I de (b) (6), (b) (7)(C) the statements are true to the best of my knowledge and belief.

By (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(Signature) (Print/type name and title or office, if any)

Address (b) (6), (b) (7)(C) 9/23/13 (date)

Tel No (b) (6), (b) (7)(C)

Office, if any, Cell No

Fax No

e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ORIGINAL

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-114204	9/25/2013

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a Name of Employer We Drive U		b. Tel. No (650)645-6800 c Cell No.
d Address (street, city, state ZIP code) 700 Airport Blvd Burlingame, CA 94010	e Employer Representative Rob Jones	f Fax No g e-Mail h. Dispute Location (City and State) Burlingame, CA
i Type of Establishment (factory, nursing home, hotel) Bus Transportation for Academy of Art	j. Principal Product or Service Transportation	k Number of workers at dispute location 1

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the last six (6) months the above named employer has discriminated against (b) (6), (b) (7)(C) by not scheduling (b) (6), (b) for work in retaliation for protected concerted activities.

3 Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C)

5 Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6 DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**	Tel No. (b) (6), (b) (7)(C)
By (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Office, if any, Cell No
(signature of representative or person making charge) Address Print Name and Title Date	Fax No e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

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FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-114390	Date Filed 9/27/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Steve Zappetini & Son, Inc		b. Tel. No. 415-454-2511 c. Cell No f. Fax No. 415-454-2120
d. Address *(Street, city, state, and ZIP code)* 1112 Second Street, San Rafael, CA 94901	e. Employer Representative Steve Zappetini	g. e-Mail h. Number of workers employed 5+
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Metal Fabrication	j. Identify principal product or service Welding and Ironworks	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* 8(a)(1), (3), (4) & (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the last six months, the above named employer terminated the (b) (6), (b) (7)(C) because of (b) (6) Union and/or protected concerted activity, because the Union filed an unfair labor practice charge and because of the employees' protected concerted activity. Furthermore, the employer has refused to bargain by unilaterally terminating the (b) (6), (b) (7)(C) and depriving the Union of (b) (6), (b) (7)(C) [redacted] in part because the Union filed an Unfair Labor Practice.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
Iron Workers Local 790

4a. Address *(Street and number, city, state, and ZIP code)* 8130 Baldwin Street, Oakland, CA 94621	4b. Tel. No. (510) 639-7333 4c. Cell No. 4d. Fax No. (510) 639-7225 4e. e-Mail

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers AFL-CIO

6. DECLARATION

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

By [signature] — David A. Rosenfeld, Attorney
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

Address: WEINBERG, ROGER & ROSENFELD, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

September 27, 2013
(date)

Tel. No. (510) 337-1001
Office, if any, Cell No
Fax No. (510) 337-1023
e-Mail drosenfeld@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ORIGINAL

FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-114390	Date Filed 9/27/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Steve Zappetini & Son, Inc		b. Tel. No. 415-454-2511 c. Cell No. f. Fax No. 415-454-2120
d. Address *(Street, city, state, and ZIP code)* 1112 Second Street, San Rafael, CA 94901	e. Employer Representative Steve Zappetini	g. e-Mail h. Number of workers employed 5+
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Metal Fabrication	j. Identify principal product or service Welding and Ironworks	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* 8(a)(1), (3), (4) & (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the last six months, the above named employer terminated the (b) (6), (b) (7)(C) because of (b) (6) Union and/or protected concerted activity, because the Union filed an unfair labor practice charge and because of the employees' protected concerted activity. Furthermore, the employer has refused to bargain by unilaterally terminating the (b) (6), (b) (7)(C) and depriving the Union of (b) (6), (b) (7)(C) [redacted] in part because the Union filed an Unfair Labor Practice

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*

Iron Workers Local 790

4a. Address *(Street and number, city, state, and ZIP code)* 8130 Baldwin Street, Oakland, CA 94621	4b. Tel. No. (510) 639-7333 4c. Cell No. 4d. Fax No. (510) 639-7225 4e. e-Mail

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers AFL-CIO

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief By [signature] *(signature of representative or person making charge)* — David A. Rosenfeld, Attorney *(Print/type name and title or office, if any)* Address. WEINBERG, ROGER & ROSENFELD, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 September 27, 2013 *(date)*	Tel. No. (510) 337-1001 Office, if any, Cell No. Fax No. (510) 337-1023 e-Mail drosenfeld@unioncounsel.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-114812	10/17/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer USPS		b. Tel. No. 707/778-5303 c. Cell No.
d. Address (street, city, state ZIP code) 1150 N. McDowell Blvd. Petaluma CA 94999	e. Employer Representative Plant Manager Perry Pettway	f. Fax No g. e-Mail perry.pettway@usps.gov h. Dispute Location (City and State) , Petaluma CA
i. Type of Establishment (factory, nursing home, hotel) Post Office	j. Principal Product or Service Mail Delivery	k. Number of workers at dispute location 18

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the past six months, the above-named Employer has discriminated against Union (b) (6), (b) (7)(C) because of (b) (6), union and/or other protected concerted activity by suspending (b) (6), (b) pending investigation/discipline and by blocking (b) (6), access to the workplace.

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SAN FRANCISCO, CA

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
Redwood Empire Area Local 1291 (APWU) by its President, David Ospital

4a. Address (street and number, city, state, and ZIP code) Redwood Empire Area Local 1291 (APWU) P.O. Box 750174 Petaluma, CA 94975	4b. Tel. No. 707/762-0970 4c. Cell No. 415/233-1913 4d. Fax No. 4e. e-Mail real1291@sbcglobal.net

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)
APWU

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel. No. 415 233-1913
By: X David Ospital (signature of representative or person making charge)	David Ospital, President Print Name and Title	Office, if any, Cell No. 707/762-0970 Fax No.
Address: Redwood Empire Area Local 1291 (APWU) P.O. Box 750174 Petaluma, CA 94975	Date: X 30 Sep 13	e-Mail real1291@sbcglobal.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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ORIGINAL

FORM EXEMPT UNDER 44 U S C 3512

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case	Date Filed
20-CA-115942	10/29/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Dignity Health d/b/a Dominican Hospital Dignity Health

b. Tel. No 831-462-7700

c. Cell No N/A

f. Fax No U/K

d. Address *(Street, city, state, and ZIP code)*
185 Berry Street, Ste. 300
San Francisco, CA 94107

e. Employer Representative
Derek Covert

g. e-Mail
U/K

h. Number of workers employed
thousands

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Hospital

j. Identify principal product or service
Medical Care

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Throughout the course of Charging Party's employment, the employer interfered with, restrained, and coerced [redacted] in the exercise of the rights guaranteed in section 157 and discriminated against [redacted] in regard to tenure of employment and other terms and conditions of [redacted] employment to encourage or discourage membership in any labor organization. Specifically, [redacted] repeatedly complained about working conditions for all employees on [redacted] unit and repeatedly involved [redacted] Union in such complaints/disputes. In response, the respondent subjected [redacted] to numerous adverse employment actions including but not limited to [redacted] constructive discharge.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
Dustin L. Collier, Attorney for Charging Party

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SAN FRANCISCO, CA

4a. Address *(Street and number, city, state, and ZIP code)*
The Collier Law Firm
1 Sansome Street, Ste. 3500
San Francisco, CA 94104

4b. Tel. No 415-767-0047

4c. Cell No 510-610-0339

4d. Fax No. 415-767-0037

4e. e-Mail
dcollier@collierlawsf.com

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*

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

By [signature] *(signature of representative or person making charge)*

Dustin L. Collier, Attorney for CP
(Print/type name and title or office, if any)

Address 1 Sansome St., Ste. 3500, San Francisco, CA. 94104

10/28/2013
(date)

Tel. No.
same as above

Office, if any, Cell No

Fax No.

e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-116036	10/29/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Windsor Redding Care Center

b. Tel. No. 310.795.6402
c. Cell No.
f. Fax No.
g. e-Mail
h. Number of workers employed

d. Address *(Street, city, state, and ZIP code)*
2490 Court Street
Redding, CA 96001

e. Employer Representative
Josh Sable, General Counsel

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Skilled Nursing Facility

j. Identify principal product or service
Healthcare

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the past six months, Windsor Redding Care Center (Employer), by its officers, agents or representatives, retaliated against a bargaining team member/employee by temporarily removing [redacted] from the schedule to intimidate and harass [redacted] and discourage others from engaging in protected concerted activities, and failed to provide the Union notice and opportunity to bargain before changing to the employee's schedule. Also, the Employer has required the employee to perform work outside of [redacted] position in retaliation for [redacted] Union activities.

Further, within the past six months, the Employer has posted a notice which unlawfully restricts employees' ability to discuss the Union during non-working time, and the Employer has assisted with the circulation of a decertification petition.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
SEIU United Healthcare Workers-West

4a. Address *(Street and number, city, state, and ZIP code)*
560 Thomas L. Berkley Way
Oakland, CA 94612

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SAN FRANCISCO, CA

4b. Tel. No. 510.251 1250
4c. Cell No.
4d. Fax No. 510.763.2680
4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)* Service Employees International Union

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

By [signature] Manuel A. Boigues, Attorney
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

Address 1001 Marina Village Pkwy, Ste 200, Alameda, CA 94501 10/29/2013 *(date)*

Tel. No. 510.337.1001
Office, if any, Cell No.
Fax No. 510.337.1023
e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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ORIGINAL

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-116291	November 4, 2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Alutiiq Diversified Services

b. Tel. No. (808)833-5505

c. Cell No.

f. Fax No.

d. Address *(Street, city, state, and ZIP code)*
3375 Koapaka Street, Suite F23812
Honolulu, HI 96819

e. Employer Representative
David Delnero

g. e-Mail

h. Number of workers employed
10

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Construction

j. Identify principal product or service
Construction

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*
Within the past six months the above named employer terminated the employment of (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C), (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) because of their protected concerted activities.

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NATIONAL LABOR RELATIONS BOARD

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
(b) (6), (b) (7)(C)

4a. Address *(Street and number, city, state, and ZIP code)*
(b) (6), (b) (7)(C)

4b. Tel. No.

4c. Cell No. (b) (6), (b) (7)(C)

4d. Fax No.

4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*

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

By (b) (6), (b) (7)(C)
(Signature of representative or person making charge)

(b) (6), (b) (7)(C) an individual
(Print/type name and title or office, if any)

Address same as 4a

11/04/2013
(date)

Tel. No.

Office, if any, Cell No.
same as 4c

Fax No.

e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-116953	Date Filed 11/13/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Dignity Health and St. Francis Hospital		b. Tel. No. (415) 353-6000 (415) 668-1000 c. Cell No. f. Fax No.
d. Address *(Street, city, state, and ZIP code)* 1) 900 Hyde Street, San Francisco, CA 94109 2) 450 Stanyan Street, San Francisco, CA 94117	e. Employer Representative Judy Coffin Dignity Health Bay Area Region 185 Berry Street, Suite 300 San Francisco, CA 94107	g. e-Mail h. Number of workers employed 60
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Hospital	j. Identify principal product or service Health Care	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) *subsections)* (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

On (b) (6), (b) (7)(C) 2013, the Employer terminated an employee, (b) (6), (b) (7)(C) for engaging in activities protected under Section 7 of the Act.

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3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*

International Union of Operating Engineers, Stationary Engineers Local 39, AFL-CIO

4a. Address *(Street and number, city, state, and ZIP code)* 337 Valencia Street, San Francisco, CA 94103	4b. Tel. No. (415) 861-1135 4c. Cell No. 4d. Fax No. (415) 861-5264 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
International Union of Operating Engineers, AFL-CIO

6. DECLARATION

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

By [signature] Stewart Weinberg, Attorney
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

Address: Weinberg, Roger & Rosenfeld
1001 Marina Village Parkway, Suite 200
Alameda, CA 94501

November 13, 2013
(date)

Tel. No. (510) 337-1001
Office, if any, Cell No.
Fax No. (510) 337-1023
e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-116994	11/13/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer North Coast Rape Crisis Team		b. Tel. No. 707-443-2737 c. Cell No
d. Address (street, city, state ZIP code) PO Box 1011 Eureka, CA 95502	e. Employer Representative Paula Arrowsmith-Jones	f. Fax No g. e-Mail paj@ncrct.org h. Dispute Location (City and State) Eureka, CA
i. Type of Establishment (factory, nursing home, hotel) Non-Profit	j. Principal Product or Service counseling and services	k. Number of workers at dispute location 5

l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsection(1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the past six months and continuing to date, the above named Employer has discriminated against employee (b) (6), (b) (7)(C) by discharging [redacted] in retaliation for [redacted] protected concerted activities.

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3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my** (b) (6), (b) (7)(C)	Tel. No.
By: [redacted] (b) (6), (b) (7)(C) (sig[redacted]g charge) Print Name and Title	Office, if any, Cell No (b) (6), (b) (7)(C)
Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date: 11/7/2013	Fax No e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-117308	11/18/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer AMERIGAS		b. Tel. No. (530)671-5887 c. Cell No.
d. Address (street, city, state ZIP code) 765 A SUTTER STREET, YUBA CITY, CA 95991	e. Employer Representative PETE LADD	f. Fax No. (530)671-5854 g. e-Mail h. Dispute Location (City and State)
i. Type of Establishment (factory, nursing home, hotel) Gas Distribution	j. Principal Product or Service Gas Distribution	k. Number of workers at dispute location 45

l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)
Within the last six months, the Employer has retaliated against employees for arbitrary, discriminatory, or bad faith reasons.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
CHAUFFEURS, TEAMSTERS & HELPERS LOCAL Union No. 150

4a. Address (street and number, city, state, and ZIP code) 7120 East Pkwy, Sacramento, CA 95823-2503	4b. Tel. No. (916)392-7070 4c. Cell No. 4d. Fax No. (916)392-7675 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**	Tel. No.
By: [signature] (signature of representative or person making charge) — David Resnikoff, Print Name and Title	Office, if any, Cell No.
Address: 1001 Marina Village Parkway Alameda 94501 — Date: 11/18/2013	Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-117400	November 19, 2013

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Central Gardens		b. Tel. No. 415-567-2967 c. Cell No.
d. Address (street, city, state ZIP code) 1355 Ellis Street San Francisco, CA 94115	e. Employer Representative Mary Webster	f. Fax No. 415-567-5933 g. e-Mail h. Dispute Location (City and State) San Francisco, CA
i. Type of Establishment (factory, nursing home, hotel) Nursing Home	j. Principal Product or Service Nursing Home	k. Number of workers at dispute location 60

l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Since about (b) (6), (b) (7)(C) 2013, the Employer has interfered with, restrained, and coerced its employees by suspending (b) (6), (b) (7)(C) because [redacted] engaged in protected concerted activities.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)

(b) (6), (b) (7)(C)

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of m** [redacted]		Tel. No. See above
B [redacted]	(b) (6), (b) (7)(C) - Individual	Office, if any, Cell No. See above
(s [redacted] arge) Address: see above	Print Name and Title Date: 11/19/13	Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C.3512

INTERNET
FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 20-CA-117616	Date Filed 11/21/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer E Center		b. Tel. No. 530 749-4914 c. Cell No. 530 218-8818 f. Fax No. 530 749-4958
d. Address *(Street, city, state, and ZIP code)* 1128 Yuba Street Marysville, CA 95901	e. Employer Representative Elaine Ernst-Stall	g. E-Mail Eernst-stall@ecenter.org h. Number of workers employed 421+
i. Type of Establishment *(factory, mine, wholesaler, etc.)* Private Non-Profit	j. Identify principal product or service Head Start Provider	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the past six months the above-named employer has violated the Act by discriminatorily and in retaliation for protected concerted activity, removed Union information from Union bulletin boards and allowing (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) to harass and discriminate against employees. By the above and other acts, the above-named employer has interfered with, restrained and coerced employees in the exercise of their rights guaranteed in Section 7 of the Act.

134433

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*

Service Employees International Union Local 1021

4a. Address *(Street and number, city, state, and ZIP code)* 2300 Boynton Avenue, Suite 200 Fairfield, CA 94533-4354	RECEIVED NLRB, REGION 20 2013 NOV 20 P 11: 06 SAN FRANCISCO, CA	4b. Tel. No. 707 422-9464 4c. Cell No. 916 505-0044 4d. Fax No. 707 422-5107 4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor*
Service Employees International Union

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

By: _____ Matthew J. Gauger
(signature of representative or person making charge) (Print/type name and title or office, if any)

Address: 428 J Street, Suite 520, Sacramento, CA 95814 11/21/13
(date)

Tel. No. 916.443-6600
Office, if any, Cell No
Fax No 916.442-0244
e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-118110	11/29/2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a Name of Employer Kaiser Permanente		b Tel No 916 784-5866 c Cell No.
d. Address (street, city, state ZIP code) ~~6600 Bruceville Road~~ ~~Sacramento, CA 95825~~ 3200 Arden Way SAC. CA 95825	e. Employer Representative Jennifer Milikin	f Fax No. g. e-Mail h. Dispute Location (City and State) Sacramento, California
i Type of Establishment (factory, nursing home, hotel) Hospital	j Principal Product or Service Medical	k Number of workers at dispute location 4600

l The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2 Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

On or about (b) (6), (b) (7)(C) 2013, the above named Employer discriminated against its employee (b) (6), (b) (7)(C) by discharging (b) (6), (b) because (b) (6), (b) is an NUHW supporter.

3 Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b Tel. No. 4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

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

By (b) (6), (b) (7)(C) (signature of representative or person making charge)	(b) (6), (b) (7)(C) an individual Print Name and Title	Tel. No Office, if any, Cell No. (b) (6), (b) (7)(C) Fax No.
Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date: 11/15/13	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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ORIGINAL

(b) (6), (b) (7)(C)

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case	Date Filed
20-CA-118252	12/03/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Oroville Hospital

b. Tel. No. (530) 533-8500

c. Cell No.

f. Fax No.

d. Address *(Street, city, state, and ZIP code)*
2767 Olive Hwy
Oroville, CA 95966

e. Employer Representative
Jessica Montoya, Director of HR

g. e-Mail

h. Number of workers employed
300

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Acute Care Hospitals

j. Identify principal product or service
Healthcare

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* (3) & (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*
Within the past six months, the above-named Employer made unilateral changes by closing an urgent care clinic and its family practice in Suite 350, and has changed bargaining unit members' schedules, without notice or an opportunity to bargain over these decisions or the effects of these decisions. In addition, the Employer refused to consider or hire [redacted] for a position in the emergency room.

By these and other acts, the above-named Employer, by its officers, agents and representatives, has interfered with, restrained, and coerced its employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
California Nurses Association/National Nurses United (CNA/NNU)

4a. Address *(Street and number, city, state, and ZIP code)*
2000 Franklin Street, Oakland, CA 94612

4b. Tel. No. 510-273-2200

4c. Cell No.

4d. Fax No. 510-663-4822

4e. e-Mail

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)* AFL-CIO

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

By *(signature of representative or person making charge)*

Micah Berul, Legal Counsel
(Print/type name and title or office, if any)

Tel. No. 510-273-2292

Office, if any, Cell No. 510-610-7791

Fax No 510-663-4822

e-Mail mberul@calnurses.org

Address 2000 Franklin Street, Oakland, CA 94612

12/03/13 *(date)*

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-118651	12/09/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Township Building Services Inc.

b. Tel. No.
415-382-0393

c. Cell No.

f. Fax. No.

d. Address *(Street, city, state, and ZIP code)*
26 Pamaron Way
Suite A Novato, CA
94949

e. Employer Representative
John Gill

g. e-mail

h. Number of workers employed
15+

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Cleaning Services

j. Identify principal product or service
Cleaning

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and thest unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Rorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the past six months, the above named employee has discriminated against employee, [redacted] for arbitrary, discriminatory or bad faith reasons.

3. Full [redacted] *full name, including local name and number)*

4a. Address *(Street and number, city, state, and ZIP code)*
[redacted]

4b. Tel. No.

4c. [redacted]

4d. Fax No.

4e. e-mail

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*

6. DECLARATION
[redacted] have read the above charge and that the statements [redacted] to the best of my [redacted]

(signat[redacted] making charge) [redacted]

Address _____ Date 12\9\13

Tel No.

O[redacted]

Fax No.

e-mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-118662	12/9/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer: Township Building Services Inc.

b. Tel. No.: 415-382-0393

c. Cell No.:

f. Fax. No.:

d. Address *(Street, city, state, and ZIP code)*: 26 Pamaron Way Suite A Novato, CA 94949

e. Employer Representative: John Gill

g. e-mail:

h. Number of workers employed: 15+

i. Type of Establishment *(factory, mine, wholesaler, etc.)*: Cleaning Services

j. Identify principal product or service: Cleaning

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and thest unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Rorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

Within the past six months, the above named employee has discriminated against employee, [redacted] for arbitrary, discriminatory or bad faith reasons.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
[redacted]

4a. Address *(Street and number, city, state, and ZIP code)*
[redacted]

4b. Tel. No.:

4c. Cell No.: [redacted]

4d. Fax No.:

4e. e-mail:

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5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*

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

[redacted] [redacted]
(signature of representative or person making charge) *(Print/type name and title or office, if any)*

Address _____ Date 12/9/2013

Tel No.:

Office, if any, Cell No.: [redacted]

Fax No.:

e-mail:

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-118673	12/6/2013

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer United States Postal Service		b. Tel. No. 707.778.5303 c. Cell No
d. Address (street, city, state ZIP code) 1150 N. McDowell Blvd. Petaluma, California 94999	e. Employer Representative Plant Manager Perry Pettway	f. Fax No. g. e-Mail perry.pettway@usps.gov h. Dispute Location (City and State) Petaluma,CA
i. Type of Establishment (factory, nursing home, hotel) Post Office	j. Principal Product or Service Mail Delivery	k. Number of workers at dispute location 18

l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

Within the last six months, the above-named Employer has retaliated against Union [redacted] (b) (6), (b) (7)(C) for [redacted] Union and/or protected, concerted activities by suspending [redacted] employment.

3. Full name of party filing charge (*if labor organization, give full name, including local name and number*)
Redwood Empire Area, Local 1291 (APWU)

4a. Address (street and number, city, state, and ZIP code) Redwood Empire Area, Local 1291 (APWU) P.O. Box 750174 Petaluma, California 94975	4b. Tel. No. 707.762.0970 4c. Cell No 415.233.1913 4d. Fax No. 4e. e-Mail Real1291@sbcglobal.net

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)
American Postal Workers Union

6. DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel. No. 707.762.0970
By: David Ospital (signature of representative or person making charge)	David Ospital, Local President Print Name and Title	Office, if any, Cell No. 415.233.1913 Fax No
Address: Redwood Empire Area, Local 1291 (APWU) P.O. Box 750174 Petaluma, California 94975	Date: Dec 6, 2013 David Ospital General President	e-Mail Real1291@sbcglobal.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. [redacted] (b) (6), (b) (7)(C)

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FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-118800	12/11/2013

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Mills-Peninsula Health Services

b. Tel. No. 650-696-7889

c. Cell No.

f. Fax No.

d. Address *(Street, city, state, and ZIP code)*
1501 Trousdale Dr.
Burlingame, CA 94010

e. Employer Representative
Claudia Christensen

g. e-Mail
christc4@sutterhealth.org

h. Number of workers employed

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Hospital

j. Identify principal product or service
Patient care

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and *(list subsections)* Section 8(a) (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*
Section 8(a) (3) prohibits the employer from discriminating against any worker for union activity.

In July 2013, Registered Nurse at MPHS and bargaining unit member of the California Nurses Association (CNA), [redacted] organized Nurses in [redacted] unit to bring forward unsafe staffing practices in the Psych Emergency unit to their manager, (b) (6), (b) (7)(C) Since then, (b) (6), (b) (7)(C) has been subject to discrimination by management. Specifically, management has withheld work from (b) (6), (b) (7)(C) In addition, (b) (6), (b) (7)(C) was issued discipline on [redacted]/13 for upholding Section 30 (H) of the Union contract for an incident that occurred on 9/22/13. (b) (6), (b) (7)(C) was the only one in [redacted] department who was disciplined for upholding the contract. No other employee at MPHS has been subject to discipline for this issue.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
California Nurses Association

4a. Address *(Street and number, city, state, and ZIP code)*
2000 Franklin St.
Oakland, CA 94612

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4b. Tel. No.

4c. Cell No. 510-610-0383

4d. Fax No.

4e. e-Mail
pmaharaj@calnurses.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)* National Nurses United

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

By [signature] *(signature of representative or person making charge)*

Puneet Maharaj, Labor Representative
(Print/type name and title or office, if any)

Address 2000 Franklin St. Oakland, CA 94612

12/04/13 *(date)*

Tel. No.

Office, if any, Cell No.

Fax No.

e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-CA-119794	12/26/2013

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Mercy Catholic High School		b Tel No 530-527-8313 c Cell No
d Address (street, city, state ZIP code) 233 Riverside Way Red Bluff, CA 96080	e Employer Representative Paul Weber, Principal	f Fax No g e-Mail pweber@mercy-high org h Dispute Location (City and State) Red Bluff, CA
i Type of Establishment (factory, nursing home, hotel) private high school	j Principal Product or Service education	k Number of workers at dispute location 12

l The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2 Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

On or about (b) (6), (b) (7)(C) 2013, the Employer discriminated against employee (b) (6), (b) (7)(C) by terminating [redacted] because of [redacted] protected concerted activities.

3 Full name of party filing charge (*if labor organization, give full name, including local name and number*)
(b) (6), (b) (7)(C)

4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b Tel No (b) (6), (b) (7)(C) 4c Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)

5 Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6 DE I de my (b) (6), (b) (7)(C) e statements are true to the best of	Tel No (b) (6), (b) (7)(C)
By [redacted] (b) (6), (b) (7)(C) individual	Office, if any Cell No (b) (6), (b) (7)(C)
(sig Add (b) (6), (b) (7)(C) Print Name and Title Date 12-23-2013	Fax No e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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