UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD	Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	3-CB-244220	July 1, 2019		
INSTRUCTIONS: File an original of this charge with the NLRB Regional D occurred or is occurring.	irector of the region in whic	h the alleged unfair labor practice		
LABOR ORGANIZATION OR ITS AGENTS AGA	AINST WHICH CHARGE IS BR	OUGHT		
a. Name	b. Union Representative to	Contact		
1199 SEIU United Healthcare Workers East	Cheryl Marino			
c. Address 2421 Main St, Suite 100, Buffalo, NY 14214	d. Tel. No. (716)995-3755	e.e. Cell No.		
	f. Fax No.	g. e-Mail		
h. The above-named labor organization or its agents have engaged in and are 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unit the meaning of the Act, or are unfair practices affecting commerce within the	fair labor practices are unfair p	practices affecting commerce within		
2. Basis of the Charge (set forth a clear and concise statement of the facts con-	stituting the alleged unfair lab	oor practices)		
Since about [2019, the above-named labor organization of rights protected by Section 7 of the Act by refusing to proceed termination for arbitrary or discriminatory reasons or in bad factors.  [2019, (3) (7) (7) (7) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	nas restrained and coercess the grievance of (b)	ced employees in the exercise (6), (b) (7)(C) regarding		

Name of Employer		4a. Tel. No.	4b. Cell No.		
Kaleida Health					
		4c. Fax No.	4d. e-Mail		
			L		
5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer representative	to contact		
100 High Street, Buffalo, NY 14202		Michelle Dulski Hun	nan Resources		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	t or service	Number of Workers employed		
Hospital	Health Care		650		
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			
		11c. Fax No.	11d e-Mail		
11. Address of party filing charge (street, city, state, and ZIP code)					
(b) (6), (b) (7)(C)					
12. DECLARATION					
I declare that I have read the above charge and	that the statements	therein are true to the best	t of my knowledge and belief.		
			Tel No.		
(h) (6) (h) (7)(C)					
By: (b) (6), (b) (7)(C)			<u></u>		
	(b) (6), (b) (		(b) (6), (b) (7)(C)		
(signatul print/type name or person making charge)		me and title or office, if any	Cell No.		
Address:		Date:	Fax No.		
(b) $(b)$ , $(b)$ $(7)$	(b) (6), (b) (7)(C)		e-Mail		
			C-IVIQII		

## 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-508 (4-19)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

**OR ITS AGENTS** 

DO NOT WRITE IN THIS SPACE				
Case 03-CB-244246	Date Filed 7/2/2019			

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

1. LABOR ORGANIZATION OR I	TS AGENTS /	AGAINST WHICH CHARG	E IS BRO	UGHT		
a. Name			b. Union F	Representative	to contact	
1199SEIU United Health Care Workers East	Melissa	Tambasco,	Organizer			
c. Address (Street, city, state, and ZIP code)			d. Tel. No 518-396	2200	e. Cell No.	
155 Washington Avenue	510-390	-2300				
Albany, New York 12210			f. Fax. No 518-436	i-1140		
			g. e-mail <b>melissa</b> .	tambasco@	)1199.org	
h. The above-named labor organization has engaged in and is eng $8(b)(3)$ practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Nation	nal Labor F	Relations Act, a	and these unfair labor	
2. Basis of the Charge (set forth a clear and concise statement of t	he facts const	ituting the alleged unfair la	abor practio	ces)		
faith with the Employer by failing to furnish information request was April 4, 2019 and the Union's failure to fu					of the Employer's	
3. Name of Employer		4a. Tel. No. 518-773-5400	b. Cell No	D.	c. Fax No.	
Nathan Littauer Hospital and Nursing Home		d. e-mail lwydra@nlh.org				
5. Location of plant involved (street, city, state and ZIP code)			6 Employ	er renresentat	ive to contact	
99 East State Street			6. Employer representative to contact Sanjeeve K. DeSoyza, Esq.			
Gloversville, New York 12078			(outside counsel)			
7. Type of establishment <i>(factory, mine, wholesaler, etc.)</i> Hospital and Nursing Home	8. Identify p Healthcar	rincipal product or service e		9. Number Approxim	of workers employed ately 900	
10. Full name of party filing charge Nathan Littauer Hospital and Nursing Home						
11. Address of party filing charge (street, city, state and ZIP code)  11a. Tel. 518-773			b. Cell No. c. Fax No.		c. Fax No.	
Gloversville, New York 12078  d. e-mail lwydra@nlh.org				1		
12. 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. 518-533-3206		
Sanjeeve K. DeSoyza, Esq. (outside coun				Cell No.		
(signature of representative or person making charge) (Print/type name and title or office, if any)				Fax No.		
Bond, Schoeneck & King, PLLC			-	o mac!!		
Address 22 Corporate Woods Blvd., Albany, New York 12211 Date July 2, 2019				e-mail sdesoyza@	bsk.com	

## 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 may cause the NLRB to decline to invoke its processes.

· UNITED STATES OF AMERICA	UNITED STATES OF AMERICA DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD	Case	Date filed				
CHARGE AGAINST LABOR ORGANIZATION AGENTS	3-CB-244467	July 8, 2019				
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.						
1. LABOR ORGANIZATION	LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT					
a. Name Laborers Local 435	_	b. Union Representative to Dan Kuntz Business Manager	Contact			
c. Address 20 Fourth Street, Rochester, NY 14609		d. Tel. No. (585)454-5800 f. Fax No. (585)454-5411	g. e-Mail -			
h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (2) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.						
Basis of the Charge (set forth a clear and concise state Since about June 26, 2019, the above-name with Genesee Building Restoration, Inc. for reand periodic dues.	d labor organizati	on has refused to refer	(b) (6), (b) (7)(C) for employment			
Name of Employer     Genesee Building Restoration	4a. Tel. No. 4c. Fax No.	4b. Cell No.  4d. e-Mail				
Location of Plant involved (street, city, state, and ZIP co.     946 Atlantic Avenue, Rochester, NY 14609	6. Employer representative Renee Moran Presid	dent				
7. Type of Establishment (factory, mine, wholesaler)  Contractor	<ol> <li>Principal product Masonry Cont</li> </ol>	racting	Number of Workers employed     10+			
10. Full name of party filing charge (b) (6), (b) (7)(C)	11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	11b. Cell No.				

11. Address of party filing charge (street, city, state, and ZIP code)

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

#### 12. DECLARATION

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

Tel No.

(b) (6), (b) (7)(C)			
	(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
ve or person making charge)	Print/type name ar	nd title or office, if any	Cell No.
Address: (b) (6), (b) (7)(C)		Date:	Fax No.
	•	7-4-19	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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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR IT'S AGENTS

FORM EXEMPT UNDER 44 U.S.C. 351					
DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
03-CB-244814	7/15/2019				

#### INSTRUCTIONS:

File an origi	inal and 4	copies of	this charge	and an ado	ditional copy	y for ea	ch organization,	each local, a	nd each indivi	dual named
in itam 1 mi	th the NI	DD Dagio	nal Diventor	of the new	ion in which	the of	logad unfair labo	w proatice co	aummed on ic oc	aureina

n item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.						
LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT						
a. Name	b. Union Representative to contact					
Amalgamated Transit Union Lo	Jeff Richardson					
716 825 9236	c. Telephone No.  d. Address (street, city, state and ZIP code)  716 825 9236  196 Orchard Park Rd., West Seneca, NY 14224					
			e meaning of section 8(b), subsections			
			s affecting commerce within the meaning			
2. Basis of the Charge (set forth a	clear and concise	statement of the facts constituting	g the alleged unfair labor practices)			
On or about (b)(6),(b)(7)(c) 2019, an	d continuously	thereafter, it, a labor organiz	ation, by its officers, agents, and			
representatives, restrained and	coerced and is	restraining and coercing (b) (b)	S), (b) (7)(C) an employee Coach			
USA, in the exercise of rig	this to self-orga	nization, to form, join, or assi	st labor organizations, to bargain			
collectively through representa	tives of their ov	vn choosing, and to engage in	other concerted activities for the			
purpose of collective bargaining which rights are guaranteed in termination.			n from any or all of such activities, bitrate a grievance regarding			
termination.						
2 November of Francisco			4. Telephone No.			
3. Name of Employer Coach USA			814 459 6666			
5. Location of plant involved (street, city, st	ate and ZIP code)		6. Employer representative			
7171 West Ridge Rd., Fairview			Jennifer Rodgers			
	,					
7. Type of establishment (factory, mine, whole Bus depot	esaler, etc.)	8. Identify principal product or service transportation	9. Number of workers employed			
10. Full name of party filing charge		1				
(b) (6), (b) (7)(C)	4.0 - 1.710 - 1.1		12 Talanhana No			
11. Address of party filing charge (street, city, (b) (6), (b) (7)(C)	state and ZIP code)		12. Telephone No. (b) (6), (b) (7)(C)			
I declare that I have rea	f the above charge and t	DECLARATION  hat the statements therein are true to the best of the control	of my knowledge and belief.			
	6. DECLARATION    declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)					
Ву	narge)	· _	(title or office, if any)			
Address (b) (6), (b) (7)(C)		(b) (6), (b) (7)(	7-12-19			
<u>-</u>		Telephone No.	(date)			

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
	Date Filed 7/29/2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged L	ınfair labor pra	ctice occurre	ed or is occurring.			
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH	CHARGE IS	BROUGHT				
a. Name			b. Union Representative to contact				
United Steelworkers Local 17			(b) (6), (b) (7)(C)				
		1					
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (b) (6), (b) (	7)(C)	e. Cell No.			
2600 10th Avenue, Watervliet, NY 12189		f. Fax No.	,,,,,	g. e-Mail			
,		II. FAXINO.		g. G-Maii			
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Mati	anal Lahar Re	latione Act a	and these unfair labor practices			
2. Basis of the Charge (set forth a clear and concise statement of the							
Since about 2019 the Union has violated its duty discharge grievance.	of fair representation b	y refusing t	o arbitr <u>a</u> te	(b) (6), (b) (7)(C)			
		.1					
3. Name of Employer		4a. Tel. No.		b. Cell No.			
Lydall Industrial Thermal Solution		518-880-1	043				
		c. Fax No.		d. e-Mail			
5. Location of plant involved (street, city, state and ZIP code)				yer representative to contact			
68 George Street, Green Island, NY 12183			Tammy	Roque, HR			
7 Tong of adalah lish and disability	r <del>a</del>		O Norseha				
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product			er of workers employed			
factory	performance materials		approx.				
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No (b) (6), (b) (7		b. Cell No.			
		c. Fax No.	,(O)	d. e-Mail			
	<u> </u>		-				
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)			
(b) (b), (b) (1)(c)							
de(b) (6), (b) (7)(C)	the best of any branded as and belie	Tel.	No	(b) (7)(C)			
(b) (6), (b)	the best of my knowledge and belied (7)(C)	Coll	No.	(b) (1)(C)			
B) (Printflyon	name and title or office, if an	_	140.				
( interspe	mane and the or office, if an	Fax	No.				
		1 2 1	lail .				
Address (b) (6) (b) (7)(C)	4-1-1-7/201	e-M		(b) (7)(0)			
Address (b) (6), (b) (7)(C)	(date) 7/29/	13	(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-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
03-CG-245188	7/22/2019			

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

A LABOR ORGANIZATION OR IT	O A OFNITO	CAINIOT MILIOU OLIADO	E IO DOOL	IOUT			
1. LABOR ORGANIZATION OR IT	S AGENTS A	AGAINST WHICH CHARG					
a. Name New York State Nurses Association			b. Union Representative to contact				
			Dennis Zgoda, Area Director - Upstate				
c. Address (Street, city, state, and ZIP code)		,	d. Tel. No. (518) 782	2 0400	e. Cell No.		
155 Washington Avenue			(510) 702	2-9400			
Albany, New York 12210			f. Fax. No. (518) 782-1286				
				g. e-mail dennis.zgoda@nysna.org			
h. The above-named labor organization has engaged in and is enga	ging in unfair	r labor practices within the	meaning o	f section 8(b)	and (list subsections)		
8(g)					nd these unfair labor		
practices are practices affecting commerce within the meaning of	the Act or th						
the Act and the Postal Reorganization Act.	tilo riot, or ti	iooo amaii labor praotiooo	anooning of	or minor of which	in the meaning of		
Basis of the Charge (set forth a clear and concise statement of the	e facts const	ituting the alleged unfair la	abor practice	es)			
Since on or about July 16, 2019, and continuing, the the New York					ng Party with a written		
notice of its intent to conduct informational picketing on July 31, 201			-				
agreement following certification. Charged Party, however, has not							
agency established to mediate and conciliate disputes within the sta					ys' notice of the existence		
of a dispute before serving on July 16, 2019 its notice of intent to er							
CHARGING PARTY REQUESTS THAT THE BOARD SEEK INJUN							
seeks an order requiring Charged Party to cease and desist from its		induct and requiring Char	ged Party to	make Charg	ing Party whole for its		
expenses and damages resulting from Charged Party's unlawful co  3. Name of Employer	nduct.	4a Tol No	b. Cell No		c. Fax No.		
	4a. Tel. No. (518) 262-3125	b. Cell No.		C. Fax No.			
Albany Medical Center	d. e-mail						
5. Location of plant involved (street, city, state and ZIP code)			6. Employer representative to contact				
43 New Scotland Avenue			Matthew C. Jones				
Albany, New York 12208-3479			Senior Vice President and General				
Albany, Non-York 12200 0 170			Counsel				
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify p	rincipal product or service		9. Number of	of workers employed		
Hośpital	Healthcar	re		9,973			
10. Full name of party filing charge Matthew C. Jones, Senior Vice President and General	Counsel						
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No		c. Fax No.		
43 New Scotland Avenue		(518) 262-7024					
Albany, New York 12208-3479		d. e-mail					
Albany, New York 12208-3479	uk						
12. DECLARATION				Tel. No.	0.1.1		
I declare that I have read the above charge	(518) 533-3214 Cell No.						
are true to the best of my knowled							
Nicholas J. D'Ambrosio, Jr., Esq., Outside Counsel							
(signature of representative of person making charge)		ame and title or office, if any)		Eav No			
	(i illiviype lie	and and ano or omos, it arry)		Fax No. (518) 533-3	299		
Bond, Schoeneck & King, PLLC			-	e-mail			
Address 22 Corporate Woods Blvd., Albany, New York 12211 Date July 19, 2019 ndambrosio@bsk.com					@bsk.com		

### 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-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
3-CB-244449	July 8, 2019				

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.							
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT				
a. Name			b. Union Representative to contact				
Seiu 1199			Hatisha Holmes				
		Title: Administrative Organizer					
				<b>J</b>			
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.			
250 South Clinton Street Suite 200		(315) 424-17	43				
250 South Clinton Street Suite 200 NY Syracuse 13202-		f. Fax No.		g. e-Mail			
,		(315) 479-67	16	hatisha.holmes@1199.org			
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in un	fair labor pract	ices within t	the meaning of section 8(b),			
subsection(s) (list subsections) (1)(A) of the National Labor Relations Act, and these unfair labor practices							
are unfair 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.							
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	ractices)				
	racio concuranny and amoget	aa	,,				
See additional page							
2. Name of Employer		4a. Tel. No.		b. Cell No.			
Name of Employer     Crouse Hospital		(315) 470-7111		2. 33			
Crouse Hospital		c. Fax No.		d. e-Mail			
	'			johnbergemann@crouse.org			
E. Longtion of plant involved (atract situ state and 7/D code)			6 Employ	ver representative to contest			
5. Location of plant involved (street, city, state and ZIP code)			John Berg	er representative to contact demann			
736 Irving Ave NY Syracuse 13203				ctor of Human Resources			
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or contino	0 Numbo	r of workers employed			
	o. Identity principal product	OI SEIVICE	3. Numbe	of workers employed			
Healthcare		44- T-LN-	<u> </u>	L 0-1111-			
10. Full name of party filing charge		11a. Tel. No. (b) (6), (b) (7)(		b. Cell No. (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)		c. Fax No.	0)	d. e-Mail			
		C. Tax No.		(b) (6), (b) (7)(C)			
11. Address of party filing charge (street, city, state and ZIP code.)				(5) (5), (5) (1)(5)			
(b) (6), (b) (7)(C)							
40 DECLADATION		Tel.	No				
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		(b) (6), (b	o) (7)(C)			
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell					
(signature of representative or person making charge) (Print/type	name and title or office, if any		(b) (6), (b	) (/)(C)			
	Title:	Fax	No.				
(b) (6), (b) (7)(C)		e-M	ail				
Address	(date) <sup>07/6/2019</sup>	07 06:55		, (b) (7)(C)			
Audi 633	(date)	——I	( ) ( )				

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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#### **Basis of the Charge**

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.