FORM NLRB-508 (6-18)

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

DO NOT WRITE IN THIS SPACE					
Case 02-CB-226874	Date Filed 9/5/2018				

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

			- IO DD 0111		
1. LABOR ORGANIZATION OR IT	S AGENTS /	AGAINST WHICH CHARG			
a. Name 1199SEIU United Healthcare Workers East				presentative nders, Re <sub>l</sub>	to contact presentative
c. Address (Street, city, state, and ZIP code)			d. Tel. No. 917-593-	0040	e. Cell No.
310 West 43rd Street, New York, NY 10036			f. Fax. No.		
•			g. e-mail		
<ul> <li>h. The above-named labor organization has engaged in and is engaged (list subsections) (A)         practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.     </li> </ul>		of the Nation	nal Labor Re	lations Act, a	nd these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the	e facts const	tituting the alleged unfair la	abor practice:	s)	
Since on or about a date within the six months prior to above-named labor organization, by its officers, agent arbitrary and discriminatory, to pay to its member RECEIV	s, and rep b), (b) (r)(c)	resentatives, has fail	ed and ref	used, for r	
3. Name of Employer SEP 0 5 20	1	4a. Tel. No. 212-331-1747	b. Cell No.		c. Fax No.
Harlem Green Dialysis  BY:	- 1	d. e-mail			
	********	gemma.pamplona@	fmc-na.co	om į	
5. Location of plant involved (street, city, state and ZIP code) 448 West 128th Street, New York, NY 10027				representati Pamplona,	ve to contact Manager
7. Type of establishment (factory, mine, wholesaler, etc.) medical lab	8. Identify p	principal product or service		9. Number of 25+	of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)	<del></del>				
11. Address of party filing charge (street, city, state and ZIP code)	,	11a. Tel. No.	b. Cell No. (b) (6), (b)	(7)(C)	c. Fax No.
(b) (6), (b) (7)(C)		d. e-mail <b>(b) (6), (b) (7</b>	)(C)		
(b) (6), (b) (7)(C) declare that I have read the above charge my knowled	and that the dge and belie			Cell No. D) (6), (b) (7	)(c)
(b) (6), (b) (7)(C)		9/5/18	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

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD	,	Case Date filed			Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS			02-CB-2269		9/4/18
INSTRUCTIONS: File an original of this charge with the	ne NLRB Re	gional Di	rector of the region in v	which the	alleged unfair labor practice
occurred or is occurring.	I OP ITS ACI	ENTS ACA	INST WHICH CHARGE IS	BROLICE	IT
1. LABOR ORGANIZATION     a. Name	I OR II S AGI	ENTS AGA	b. Union Representati		
SEIU Local 32BJ			Lyle Rowen	ve.to com	acı
10210			General Counsel		
c. Address			d. Tel. No.	e. Ce	elf No.
25 W 18th St, Fl 5, New York, NY 10011-1991			(212) 388-3800		
	ι		f. Fax No.	g. e-Ma	wen@seiu32bj.org
h. The above-named labor organization or its agents have	e engaged i	n and are	engaging in unfair labor		
8(b)(1)(A) of the National Labor Relations Act, and the the Act.					
2. Basis of the Charge (set forth a clear and concise state	ement of the	facts cons	tituting the alleged unfai	r labor pra	ctices)
Since 2018, the above-named lab	or organiz	zation, b	y its agents, officers	and rep	presentatives, has
restrained and coerced employees in the e					· ·
refusing to pursue (b) (6), (b) (7)(C) grievance	e concern	ing Har	ard Maintenance I	nc 's fail	ure to grant a justified
leave of absence and pay or 3 weeks	of vacatio	an nav fo	or arbitrary or discrir	minatory	reasons or in bad faith.
leave of absence and pay	oi vacatio	on pay it	n arbitrary or discri	minatory	reasons of in paulialin.
				T	RECEIVED
Location Involved: 111 Eighth Ave., New Y	ork, NY			- 1	The second second
				- 1	SEP 0 4 2018
				ı	3C1 U 4 2010
Name of Employer			4a. Tel. No.	4b. Ce	BY:
Harvard Maintenance, Inc.			(212) 730-0001	L	<b>21</b>
			4c. Fax No.	4d. e-N	/lail
5. Location of Plant involved (street, city, state, and ZIP of	ode)		6. Employer representa	ative to co	ntact
59 Maiden Lane, New York, New York 10038	,		Angie – Human I		
7. Type of Establishment (factory, mine, wholesaler)	8. Princip	al product		9 1	Number of Workers employed
Commercial Office Services	ľ		aintenance, cleanin		out 100
	Ivialiage	inent, m	· · · · · · · · · · · · · · · · · · ·		
10. Full name of party filing charge (b) (6), (b) (7)(C)			11a. Tel. No.		Cell No. (6), (b) (7)(C)
			(none)		
			11c. Fax No.	11d	e-Mail
				(b	(6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	IP code)				
(b) (6), (b) (7)(C)				<u></u>	
	12. DE	ECLARAT	ION		
I declare that I have read the above charge and	that the sta	atements	therein are true to the l		
	1			Tel	No.
(b) (6), (b) (7)(C)					
×	(15) (	(6), (b) (7)(	المناسم المعالية	0-	mo as above
			an Individual		me as above
( <del>C.g</del>	Prin	ivtype nan	ne and title or office, if an		No. me as above
Address			Date		No.
Same as above			Date.		.,
Carrie as above			09/04/18	· e-M	ail
				Sa	me as above

UNITED STATES OF AMERICA	DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	02-CB-227002	9/7/18
INSTRUCTIONS: File an original of this charge with the NLRB Regional I occurred or is occurring.	· · · · · · · · · · · · · · · · · · ·	
LABOR ORGANIZATION OR ITS AGENTS		
a. Name 1199 SEIU United Healthcare Workers East	b. Union Representative to Victor Sanchez, Un	
c. Address 330 West 42 <sup>nd</sup> St	d. Tel. No. (212) 603-3705	e. Cell No (917) 796-5198
New York, NY 10036	f. Fax No.	g. e-Mail victor.sanchez@1199.org
<ul> <li>h. The above-named labor organization or its agents have engaged in and an 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these ur the meaning of the Act, or are unfair practices affecting commerce within the 2. Basis of the Charge (set forth a clear and concise statement of the facts continued.)</li> </ul>	nfair labor practices are unfair p he meaning of the Act and the l	practices affecting commerce within Postal Reorganization Act.
Since on or about a date within the last six months, the above representatives, has failed and refused, for reasons which ar process the grievances of (b) (6), (b) (7)(C) concerning representatives of the Employer in about (b) (6), (b) (7)(C) are 2018.  Job Location: Mount Sinai Hospital, One (6), (c) Levy Place	e arbitrary, discriminator (1) (6) (6) (7) (2) 2017 write-up of the Employer's changing (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	y, or otherwise unlawful, to
3. Name of Employer Mount Sinai Hospital	4a. Tel. No.	4b. Cell No.
Mount Sinai Hospital	(212) 241-8381	
XX:	4c. Fax No. (212) 758-6311	4d. e-Mail
5. Location (street, city, state, and ZIP code)	<ol><li>Employer representative</li></ol>	to contact
One Gustave L. Levy Place New York, NY 10029-6574	Jeff Cohen, Employ	ee Labor Relations
7. Type of Establishment (factory, mine, wholesaler) 8. Principal produ Hospital Healthcare	ict or service	Number of Workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)	11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)
	11c. Fax No.	11d e-Mail
(b) (6), (	ts therein are true to the best	of my knowledge and belief.  Tel No.  Same as above  Cell No.
(b) (b), 1 (b) (7)	Date:	Fax No.
Same as above	9718	e-Mail

NATIONAL LABOR RELATIONS BOARD	D	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		02-CB-227075	9/10/18
INSTRUCTIONS: File an original of this charge with the	he NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
occurred or is occurring.  1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT
a. Name		b. Union Representative to	
Local 338, RWDSU, UFCW		John Durso	•
		President	
c. Address		d. Tel. No.	e.e. Cell No.
1505 Kellum Pl, Mineola, NY 11501-4811		(516)294-1338	
,		f. Fax No.	g. e-Mail
n. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting. Basis of the Charge (set forth a clear and concise state Since about 2018, the above-named exercise of rights protected by Section 7 of the section 2018.	ons Act, and these unf g commerce within the ement of the facts con d labor organization	air labor practices are unfair permeaning of the Act and the stituting the alleged unfair labor has restrained and co	practices affecting commerce within Postal Reorganization Act. por practices) oerced employees in the
regarding termination for arbitrary or disc	criminatory reason	s or in bad faith.	4b. Cell No.
ACME Markets, Inc.		4a. 16i. 140.	45. Cen 140.
ACME Markets, Inc.		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	code)	6. Employer representative	to contact
660 McLean Ave, Yonkers, NY 10704-3841		Wayne Sanchez Sto	ore Manager
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed
Grocery Store	Perishable an foods	d non-perishable	50
(b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.
		11c. Fax No.	11d e-Mail
11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	12. DECLARA		
	d that the statements	therein are true to the best	t of my knowledge and belief.
I de ve read	d that the statements		
(b) (6), (b) (7)(C)	d triat the statements		Tel No.
(b) (6), (b) (7)(C)	(b) (6), (k		
(b) (6), (b) (7)(C)	(b) (6), (b		Tel No.
I de	(b) (6), (b	) (7)(C)	Tel No. (b) (6), (b) (7)(C)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

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



FORM NLRB-508 (6-18)

#### Amended

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

DO NOT WRITE IN THIS	SPACE
Case 02-CB-227078	Date Filed <b>9-24-18</b>

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 CHARC	E IS BROU	JGHT	
a. Name	The state of the s		epresentative	to contact
1199SEIU United Healthcare Workers East			Gresham, F	
c. Address (Street, city, state, and ZIP code)		d. Tel. No 914-993	1	e. Cell No.
99 Church Street, 4th Floor White Plains, NY 10601	f, Fax. No			
		g. e-mail	-	
h. The above-named labor organization has engaged in and is engaging in unfa (list subsections) (A) practices are practices affecting commerce within the meaning of the Act, or the Act and the Postal Reorganization Act.	of the Natio	nai Labor R	elations Act, a	nd these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the facts cons	tituting the alleged unfair la	abor practic	es)	
Since on or about Section 7 rights by refusing to process grieve Employer.  Since on or about Section 7 rights by refusing to process grieve exercise of Section 7 rights by refusing to provide information from the Employer.	ance regarding <sup>(b)</sup> ( <sup>b)</sup> , anization restrained a	and coerc	2018 susper ed (b) (6), (	nsion from the  (b) (7)(C) in the
3. Name of Employer	4a. Tel. No. 845-283-8666	b, Cell No		c. Fax No.
Montgomery Nursing and Rehab Center	d. e-mail mnhpaul@frontiern	et.net		-
5. Location of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of plant involved (street, city, state and ZIP corporation of city).			er representati ynolds, Adn	
	principal poduct or service Care & Rehabilitation		9. Number of 20+	f workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)			•	
11. Address of party filing charge (street, city, state and ZIP code)	11a, Tel. No.	b. Cell No (b) (6), (b	) (7)(C)	c. Fax No.
(b) (6), (b) (7)(C)	d. e-mail (b) (6), (b) (7	/)(C)		
12. DECLARATION  DIGHTON  I declare that I have read the above charge and that the	statements		Tel. No.	
(b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)			Cell No. same as ab	ove
ge) (Print/type n	ame and title or office, if any)		Fax No.	
same as above Address	Date 9/24/18		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

FORM NLRB-509 (5-18) FORM EXEMPT UNDER 44 U.S.C 3612

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

	DO NOT WRITE IN T	HIS SPACE
Caes	02-СВ-227078	Date 5/01/18

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

				re la conlact
	• • • • • • • • • • • • • • • • • • • •		700	e. Cell No.
		f. Fax. No.		
		g. e-mail abigail.co	lon@1199	org.
	of the No	ational Labor Re	lations Act,	and these unfair labor
2018 to ou	ment date. Desnite	numerous redu	(6), 2	018) nor my vided any type of
				ECEIVE) SEP 1 1 2018
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4a. Tel, No. 845-283-8666	b. Cell No.		c. Fax No.
	d. e-mail mnhpaul@frontier	net.net		(
•		1		
		vice	9. Number	r of workers employed
				<del></del>
	11a, Tel, No.	b. Cell No. (b) (6), (b)	(7)(C)	c. Fex No.
	d. e-mail (b) (6), (b)	(7)(C)		<del>'</del>
ON ge and that the	statements		el. No.	
riedge and belie (b)	f. (6), (b) (7)(C)	6	ell No 5) (6), (b) (	7)(G)
(Ргіпитура па	eme and tille or office, if a	" ('		(C) (b) (T)
<u></u>	DEIN 9/6/2018	<u>(</u>	(lb) ) (6), (b	(6), (b) (7)(0 ) <sup>(7)(C)</sup>
	2018 to cu loyer on my hond to my req date.  8. Identify p Long term  ON ge and that the ledge and belia	of the No.  I the facts constituting the alleged unfate 2018 to current date. Despite loyer on my behalf for either my and to my requests for assistance.  4s. Tel. No.  845-283-8666  d. e-mail mnhpaul@frontier  B. Identify principal product or send Long term and Rehab Care  11s. Tel. No.  c. e-mail (b) (6), (b)  ON ge and that the statements ledge and belief. (b) (6), (b) (7)(c)	d. Tel. No. 914-993-6  f. Fax. No.  g. e-mail abigail, col of the National Labor Re of the Act, or these unfair labor practices effecting col the facts constituting the alleged unfair labor practice 2018 to current date. Despite numerous reduced on the my requests for assistance.  (b) (6), date.  4a. Tel. No. 845-283-8666  d. e-mail mnhpaul@frontiernet.net  8. Identify principal product or service Long term and Rehab Care  11a. Tel. No. (b) (6), (b) (c) (6), (b) (d) (7) (C)  ON ge and that the statements ledge and belief. (b) (6), (b) (7) (C)	914-993-6700  1. Fax. No.  9. e-mail abigail.colon@1195 of the National Labor Relations Act, of the Act, or these unfair labor practices effecting commerce will of the Act, or these unfair labor practices effecting commerce will be already unfair labor practices.  2018 to current date. Despite numerous reduests via e Royer on my behalf for either my suspension(b) (6), 20 and to my requests for assistance.  4a. Tel. No.  4a. Tel. No.  8. Identify principal product or service  Long term and Rehab Care  11a. Tel. No.  (b) (c), (b) (7)(c)  c), e-mail (b) (6), (b) (7)(c)  11a. Tel. No.  11b. Cell No.  (c), e-mail (b) (6), (b) (7)(c)  Co. e-mail (c), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e

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

UNITED STATES OF AMERICA	and the second	DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	)	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS	OR ITS	02-CB-227099	9-10-18	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	e NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice	
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO		
a. Name 1199 SEIU United Healthcare Workers East		(b) (6), (b) (7)		
c. Address 330 West 42 <sup>nd</sup> St		d. Tel. No. (212) 261-2446	e. Cell No.	
New York, NY 10036		f. Fax No.	g. e-Mail	
h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting.	ns Act, and these unfa commerce within the	air labor practices are unfair per meaning of the Act and the R	practices affecting commerce within Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise state)	ment of the facts con:	stituting the alleged unfair lab	or practices)	
Since on or about a date within the last six more representatives, has failed and refused, for reprocess the grievances of (b) (6), (b) (7)(c) conwork every weekend, rather than every other for holidays.	easons which are cerning the Empl	arbitrary, discriminator oyer's changing of	y, or otherwise unlawful, to schedule such that	
Name of Employer     Upper East Side Rehabilitation and Nursing Ce	enter	4a. Tel. No. (212) 879-1600 Ext. 1329	4b. Cell No. (516) 668-6543	
		4c. Fax No. (212) 988-3103	4d. e-Mail srubenstein@uesrnc.com	
5. Location (street, city, state, and ZIP code)		6. Employer representative		
211 E. 79 <sup>th</sup> St.			* .	
New York, NY 10075		·	Assistant Administrator	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	Number of Workers employed	
Nursing Home	Nursing Home		60+	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and Zi (b) (6), (b) (7)(C)	IP code)	TON		
I declare that I have read the above charge and	•		of my knowledge and belief.	
(b) (6), (b) (7)(C) By:	(b) (6), (b) (7	an individual	Tel No.	
(sig g charge)	Print/type nar	me and title or office, if any	Cell No. Same as above	
Address		Date:	Fax No.	
Same as above		1		
		09/10/2018	e-Mail	

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

LOWIN EVE	WIFT DINDER 44 0.3.0. 3312
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
02-CB-227110	9/10/18

INSTRUCTIONS:

File an original and 4 copies of this charge and an additional copy for each organization, each local, and each indivi	idual named
rile ali original aliu 4 copies di ulis charge aliu an auditional copy for each organization, each local, and each indivi	duai named
n item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occu	ina

The item I with the NEXD Regional Dire				
	R ORGANIZATION OF	RITS AGENTS A	GAINST WHICH CHARGE	
a. Name		b. Union Representative to contact		
Local 32BJ, SEIU		Lyle Rowen, Associate		
				General Counsel
c. Telephone No. & Fax No	d. Address (street, d	ity state and ZIF	code)	
212-388-3452	25 West 18th S		3333,	
	212-388-2062 (f) New York, NY 10011			
			. ()	and a second sec
e. The above-named organization(s) or				
meaning of section 8(b), subsection(			lations Act, and these unfair	labor practices are unfair
practices affecting commerce within  2. Basis of the Charge (set forth a clear			atituting the alleged unfair la	has prostings)
Since on or about a date with representatives, has failed at its employees located at 2 Pm (1) On or about (b) (6), (b) (7) (2) On or about (b) (6), (b) (7) (3) On or about (b) (6), (b) (7) (4)	thin the past six meand refused, for repark Avenue regard (C), 2018, change (C), 2018, change 2018, required e 8, changed the meantinuing to date,	onths, the above asons which ding the followed the work as dexcessive with their work at amployees to under of payments of the view of the	ove-named labor organare arbitrary and invidication of the property of the pro	nization, by its agents, officers and ious, to process the grievances of the below-named Employer.  (CC):  ployees;  pper notice;  phones for timekeeping purposes
Qu	uality Building Ser	vices		4. Telephone No. & Fax No. 914-469-2839
			6. Employer representative to contact	
801 Second Avenu	ue, New York, N	ew York 100	17	Jeffrey Zellan, President
7. Type of establishment (factory, mine,	wnolesaler, etc.)	8. Identify prin	cipal product or service	9. Number of workers employed
Office Building			ance and Janitorial	100
10. Full name of party filing charge	6), (b) (7)(C)			
11. Address of party filing charge (stree		ode)	•	12. Telephone No. & Fax No.
(b) (6), (b) (7)(C)	, ,	, i		(b) (6), (b) (7)(C)
		(b) (6) (b) (7)		
		(5) (6), (5) (7)	TION	
I dealars that I have read th	a above charge and t		TION	t of my knowledge and belief.
I declare that I have read the	(b)	6), (b) (7)((	Herein are true to the bes	tormy knowledge and belief.
				A m. Imaliada al
Signature of representative or	person (resking		Title	An Individual
Signature of representative or	REC	EIVED	T	
Address	CED 1	0 2010 T	lephone No.	Date
Same	SCP.	0 2018	Same	September 10, 2018
2210	nw			
	BY:			

UNITED STATES OF AMERICA		DO NOT WI	RITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	)	Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION AGENTS	N OR ITS	02-CB-227116	9-10-18		
INSTRUCTIONS: File an original of this charge with the	e NLRB Regional Di	rector of the region in which	the alleged unfair labor practice		
occurred or is occurring.					
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO			
a. Name 1199 SEIU United Healthcare Workers East		(b) (6), (b) (7)			
c. Address 330 West 42 <sup>nd</sup> St		d∈ Tel. No. (212) 261-2446	e. Cell No.		
New York, NY 10036		f. Fax No.	g. e-Mail		
8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting.  Basis of the Charge (set forth a clear and concise state)	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) (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 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 on or about a date within the last six merepresentatives, has failed and refused, for reprocess the grievance of (b) (c), (b) (7)(c) concesshedule (c) (c) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	easons which are erning the Employ	arbitrary, discriminatory	, or otherwise unlawful, to		
			i a minimum a mi		
Name of Employer     Upper East Side Rehabilitation and Nursing Center		4a. Tel. No. (212) 879-1600 Ext. 1329	4b. Cell No. (516) 668-6543		
		4c. Fax No. (212) 988-3103	4d. e-Mail srubenstein@uesrnc.com		
5. Location (street, city, state, and ZIP code)		6. Employer representative	to contact		
211 E. 79 <sup>th</sup> St.		Steven Rubenstein,	Assistant Administrator		
New York, NY 10075			· · · · · · · · · · · · · · · · · · ·		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	Number of Workers employed		
Nursing Home	Nursing Home		60+		
10. Full name of party filing charge (b) (6), (b) (7)(c)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No. (b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail		
11. Address of party filing charge (street, city, state, and 2	IP code)				
(b) (6), (b) (7)(C)					
(B) (B) (B) (C)	12. DECLARAT	TION			
I declare that I have it there above charge and	I that the statements	therein are true to the best	of my knowledge and belief.		
(b) (6), (b) (7)(C)			Tel No.		
	(b) (6), (b) (7	(C), an individual	· Same as above		
By: (a) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Print/type nar	me and title or office, if any	Cell No.		
Address:	.4	Date:	Fax No.		
Same as above		51/10-18	e-Mail		
		- 1-1-0			

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR AGENTS	ITS	02-CB-227482	9-17-18
INSTRUCTIONS: File an original of this charge with the NLR occurred or is occurring.	B Regional Dire	ector of the region in whic	h the alleged unfair labor practice
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAI	NST WHICH CHARGE IS BR	OUGHT
a. Name		b. Union Representative to	Contact
SEIU 32BJ		Corrado Meola, Uni	ion Rep.
c. Address		d. Tel. No.	e. Cell No.
25 West 18th Street	}	212-388-3800	
New York, NY 10011		f. Fax No.	g. e-Mail
<ul> <li>h. The above-named labor organization or its agents have engal 8(b), subsection(s) (1)(A) of the National Labor Relations Act, the meaning of the Act, or are unfair practices affecting comm</li> <li>2. Basis of the Charge (set forth a clear and concise statement of the Act.)</li> </ul>	and these unfai	ir labor practices are unfair p meaning of the Act and the I	oractices affecting commerce within Postal Reorganization Act.
Since about a date within the past six months, the employees in the exercise of rights protected by (b) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Section 7 of	the Act by refusing to	process the grievance of
3 Name of Employer	- /	4a. Tel. No.	4b. Cell No.
Tishman Speyer	I	212-366-	
	J	4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representative	to contact
30 Rockeller Plaza, new York, NY		John Doran, Manag	er
7. Type of Establishment (factory, mine, wholesaler) 8. Pr	rincipal product o	or service	9. Number of Workers employed
Office building Se	ecurity	,	300+
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and ZIP code	e)		
(b) (6), (b) (7)(C)			
	2. DECLARAT		of my knowledge and belief
I declare that I have read the above charge and that the	ie statements t	nerent are true to the best	Tel No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7	7)(C), an Individual	
(signature or representative or person making charge)	Print/type nam	e and title or office, if any	Cell No.
Address:		Date:	Fax No.
		9-17-18	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 (D) (G), (D) (7)(C) 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.

CHARGE AGAINST LABOR ORGANIZATION AGENTS	OR ITS	02-CB-227521	9-17-18	
INSTRUCTIONS: File an original of this charge with the	NLRB Regional Di	rector of the region in whic	'	
occurred or is occurring.  1. LABOR ORGANIZATION O	D ITS ACENTS ACA	INCT WHICH CHARGE IS BD	OLICHT	
a Name	IK 113 AGENTS AGA	b. Union Representative to		
	Bakery, Confectionery Workers and International Union of		Joyce Alston, President	
America, AFL-CIO, Local #3	mai omon oi	Joyde Filotoff, Fredri	2011	
c. Address		d. Tel. No.	e.e. Cell No.	
85 Orient Way, 2nd Floor, Rutherford, NJ 070	70	(201) 933-4365		
, , , , , , , , , , , , , , , , , , ,		f. Fax No.	g. e-Mail	
The second of th		(201) 933-4893		
<ul> <li>The above-named labor organization or its agents have 8(b)(1)(A) of the National Labor Relations Act, and these the Act, or are unfair practices affecting commerce within</li> </ul>	unfair labor practice the meaning of the	es are unfair practices affecti Act and the Postal Reorgan	ng commerce within the meaning of ization Act.	
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts cons	stituting the alleged unfair lab	or practices)	
Since about 2018, the above-named la	ibor organization	n has restrained and co	erced employees in the	
exercise of rights protected by Section 7 of the	e Act by refusing	to process the grievan	ce of control regarding	
grievances regarding the written warnings	issued to ar	nd harassment by the E	mployer for arbitrary or	
discriminatory reasons or in bad faith.				
			'	
Name of Employer		4a. Tel. No.	4b. Cell No.	
Compass Group USA		(212) 396-5447		
		4c. Fax No.	4d. e-Mail	
		(212) 570-3716	york.ast@metmuseum.org	
5. Location of Plant involved (street, city, state, and ZIP cod	de)	6. Employer representative	to contact	
1000 5th Ave, New York, NY 10028-0113		York Ast Vice President	dent Operations	
7. Type of Establishment (factory, mine, wholesaler)	(factory, mine, wholesaler) 8. Principal product of		Number of Workers employed	
Food Service Company	Food Service	es	213	
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	
			(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and ZIF	code)			
(b) (6), (b) (7)(C)				
	12. DECLARAT	ION		
I declare that I have read the above charge and the	hat the statements	therein are true to the best	of my knowledge and belief.	
(b) (6), (b) (7)(C)			Tel No.	
(B) (B) (B) (F)(B)		<b>V</b>		
By:	(b) (6), (b) (7	)(C)		
(signature of representative or person making charge)	Print/type nar	ne and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)				
		9/17/18	e-Mail (b) (6), (b) (7)(C)	
		<u> </u>	(b) (c), (b) (7)(c)	

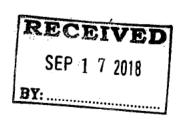
Case

UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD

### 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.



DO NOT WRITE IN THIS SPACE

Date filed

FORM NLRB-508

Address

Same as above

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST LABOR ORGANIZATION
OF ITS ACENTS

		EMPT UNDER 44 U.S.C. 35
	DO NOT WRITE	IN THE SPACE
Case		Date Filed
	02-CB-227743	9/19/18

OR ITS AGENTS INSTRUCTIONS: File an original and 4 copies of this charge and an additional copy for each organization, each local, and each individual named in Item I with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or it occurring. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact New York Hotel and Motel Trades Council, AFL-CIO Peter Ward, President c. Telephone No. & Fax No. d. Address (street, city, state and ZIP code) 212-957-8000 707 Eighth Avenue, New York, New York 10036 s. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair inbor practices are unfair practices affecting commerce within the meaning of the Act. 2. Basis of the Charge (set forth a closs and concise statement of the facts constituting the alleged unfair labor practices) Since on or about a date within the past six months, and continuing to date, the above-named labor overtime work. RECEIVED SEP 1 9 2018 BY: ..... Tolephone No. & Par No. Name of Employer Royalton Hotel. (212) 869-4400 6. Employer Representative to contact Location of plant involved (street, city, state and ZIP code) Donna Miklich, Director, 44 West 44th Street, New York, New York 10036 **Human Resources** B. Identify principal product or vervice 9. Number of workers employed Type of establishment (factory, mine, wholesoler, etc.) Food and Beverage 100 Hotel (b) (6), (b) (7)(C) 12. Telephone No. & Fux No. (b) (6), (b) (7)(C) Address of party filing charge (street, city, state and ZIT code) (b) (6), (b) (7)(C) 6. DECLARATION I declare that I have read the above charge and that the sistements therein are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Title An Individual Signature of re

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

Phone

Same as above

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	7	02-CB-227780	9-21-18
INSTRUCTIONS: File an original of this charge with the occurred or is occurring:			
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO	DUGHT.
Name     National Association of Specialty Trades, Loc	cal 741	b. Union Representative to (b) (6), (b) (7)(C)	Contact
c. Address 157 Summerfield Street, Scarsdale, NY 1058	33	d. Tel. No. (914)367-0277	e.e. Celi No.
	· .	f. Fax No.	g. e-Mail
h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting	ns Act, and these unfa commerce within the	air labor practices are unfair p meaning of the Act and the F	ractices affecting commerce within Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise state Since about (b) (6), (b) 2018, the above-name exercise of rights protected by Section 7 of the regarding termination for arbitrary or disc	ned labor organiza ne Act by refusing	ation has restrained and to process the grievand	coerced employees in the
3. Name of Employer		4a. Tel. No.	4b. Cell No.
D&J Ambulette			
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representative	to contact
1200 Zerega Ave, Bronx, NY 10462-5415		Joey Vazquez, Mana	ager
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		Number of Workers employed
	Ambulance Driving service		200
10. Full name of party filing charge (b) (6), (b) (7)(C)	Driving Service	11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.
		11c. Fax No.	: 11d e-Mail
11. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C)	IP code)		
<del></del>	12. DECLARAT	,	
I declare that I have read the above charge and	that the statements	therein are true to the best	
(b) (6), (b) (7)(C)			Tél No.
By:	(b) (6), (b)		(b) (6), (b) (7)(C)
(signature or reprocentative or person making criarge)	Printtype nan	ne and title or office, if any	Cell No.
Address. (b) (6), (b) (7)(C)		Date:	Fax No.
	·	1-20-18	e-Mail

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.

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REGION S WLRB SECEIVED

NATIONAL LABOR RELATIONS BOARD	5	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION	N OR ITS	02 CD 227007	
AGENTS		02-CB-227907	9/20/18
INSTRUCTIONS: File an original of this charge with the	ne NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
occurred or is occurring.			OU OUT
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	b. Union Representative to	
New York State Nurses Association		Cecilia Jordan	Contact
New Tork State Nurses Association		Director	
		Director	
c. Address		d. Tel. No.	e.e. Cell No.
131 W 33rd St, Fl 4, New York, NY 10001-29	966	(212)785-0157	
		f. Fax No.	g. e-Mail
		(212)785-0429	cecilia.jordan@nysna.org
<ul> <li>h. The above-named labor organization or its agents hav 8(b)(1)(A) of the National Labor Relations Act, and the the Act, or are unfair practices affecting commerce with 2. Basis of the Charge (set forth a clear and concise state)</li> </ul>	ese unfair labor practic hin the meaning of the	es are unfair practices affecti e Act and the Postal Reorgani	ng commerce within the meaning of ization Act.
Since about the end of (b) (6), 2018, the abo	ove-named labor of	organization has restrai	ned and coerced employees in
the exercise of rights protected by Section 7	of the Act his refer	sing to proceed the ario	(b) (6), (b) (7)(C)
the exercise of rights protected by Section 7	of the Act by refu	sing to process the gne	varice of
regarding contractual rights for experience	ce pay and night s	shift differential pay for a	arbitrary or discriminatory
reasons or in bad faith.			
.*			
3. Name of Employer		4a. Tel. No.	4b. Cell No.
New York Health and Hospital Corporation -	Bellevue	212-562-6652	
Hospital Center		4c. Fax No.	4d. e-Mail
The plant of the			
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representative	to contact
462 First Avenue, New York, NY 10016		Wendy Jolibois Acti	ng Director of Human
in the state of th		Resources	3
7. Type of Establishment (factory, mine, wholesaler)	tory, mine, wholesaler) 8. Principal produc		9. Number of Workers employed
Hospital	Healthcare		8000
10. Full name of party filing charge	ricaltricale	11a. Tel. No.	11b. Cell No.
10. Full name of narty filing charge (b) (6), (b) (7)(G)		(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail
		<u> </u>	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and 2	IP code)		
(b) (6), (b) (7)(C)		RECI	EIVED
		SED (	2 0 2018
	12. DECLARAT	TION SET	2 0 2010
I declare that I have read the above charge and	that the statements	therein are tru <b>@16</b> ,the hest	of my knowledge and belief
r deciale that i have read the above charge and	Tilat the statements	therein are trapped the best	TerNo
(b) (6), (b) (7)(C)			
B	(1-) (0) (1-)	/=\/A\	
	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)
(signature of representative or person less ting harge)	Print/type nar	me and title or office, if any	Cell No.
		,,	
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)			
		0/20/18	

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

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

9/20/18

e-Mail

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

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 Note: The 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 will further explain these uses upon request. Disclosure of this information to the NLRB will further explain these uses upon request. Disclosure of this information to the NLRB will further explain these uses upon request. Disclosure of this information to the NLRB will further explain these uses upon request. Disclosure of this information to the NLRB will further explain these uses upon request. Disclosure of this information to the NLRB will further explain these uses upon request. NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORIVI EXE	VIPT UNDER 44 U.S.C. 3512		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
02-CB-227914	09/24/2018		

INSTRUCTIONS:

File an original and 4 copies of this charge and an additional copy for each organization, each local, and each individual named in item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR	ORGANIZATION OR	TITS AGENTS AGAINST WHICH CHARGI	E IS BROUGHT	
a. Name National Association of Letter Carriers, Branch Number 36			b. Union Representative to contact Charlie Heege, President	
Telephone No. & Fax No (212) 239-3901  GAD Address (street, city, state and ZIP code)  347 West 41 <sup>st</sup> St., 2nd Fl.  FAX: (212) 268-1267  New York, NY 10036				
meaning of section 8(b), subsection(s practices affecting commerce within t	s)(1) and (A) of the Na he meaning of the Act	engaged in and is (are) engaging in unfair l ational Labor Relations Act, and these unfa i.	ir labor practices are unfair	
Since on or about a date withit organization, by its agents, of	n the past six m ficers and repres cess the grievan wages and cont signments; onable accomm	odations;	ne above-named labor ed, for reasons which are	
Name of Employer     United States Postal Service			4. Telephone No. & Fax No. 718-585-9611	
5. Location of plant Mott Haven Station, 517 East 13		NY 10454	6. Employer representative to contact Tawana Walker, Supervisor	
7. Type of establishment (factory, mine, Post office	wholesaler, etc.)	Identify principal product or service     Postal services	Number of workers employed     10,000	
10. Full name of party filing charge (b) (6), (b) (7)(C)				
11 Address of party tiling charge (street (b) (6), (b) (7)(C)	city state and ZIP co	ide)	12. Telephone No. & Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	ge and th	DECLARATION     at the statements therein are true to the box		
E Signature of representative or person ma	king charge	b) (6), (b) (7)(C)	e Individual	
Address Same As above		Telephone No. Same as above	Date September 24, 2018	
1401 1 211 1 241 42	A			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISOMENT (U.S. CODE, TITLE 18, SECTION 1001) おとう はいままれる (U.S. CODE, TITLE 18, SECTION 1001) おとう はままれる (U.S. CODE, TITLE 18, SECTION 1001) という はまままます。

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UNITED STATES OF AMERICA	UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	0	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS	N OR ITS	02-CB-227960	9/21/18	
INSTRUCTIONS: File an original of this charge with the	ne NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice	
occurred or is occurring.				
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO		
a. Name		b. Union Representative to		
New York Hotel & Motel Trades Council, AF	L-CIO, Local 6	Peter Ward, Preside	ent	
c. Address		d. Tel. No.	e. Cell No.	
707 Eighth Avenue		(212) 245-8100		
New York, New York 10036		f. Fax No.	g. e-Mail	
THEW TORK TOOSO			, , , , , , , , , , , , , , , , , , ,	
h The share served labor experiences in considering	0 000 and in and are	annaging in unfair labor arout	ions within the magning of postion	
h. The above-named labor organization or its agents have 8(b), subsection(s)(1)(A) of the National Labor Relation				
meaning of the Act, or are unfair practices affecting co				
Basis of the Charge (set forth a clear and concise state				
a substitute de la companya del companya de la companya del companya de la companya del la companya de la compa		a management		
Since about (b) (c) (c) (7)(c), 2018, the above-n				
exercise of rights protected by Section 7 of	f the Act by imple	menting an agreement i	regarding scheduling that	
members did not ratify for arbitrary or discr	riminatory reasons	s or in bad faith.	•	
a recording		. 4*	· voite in	
Work Location: 45 E 45th St., New York, N	ΙY		***	
TYOR EDUCATION TO E TOM TORY	• •		1	
Name of Employer		4a. Tel. No.	4b. Cell No.	
The Roosevelt Hotel		(212) 661-9600	. ,5. 66. 116.	
The Roosevell Hole		4c. Fax No.	4d. e-Mail	
		40. Tax 110.	4d. e-Mail	
Location of Plant involved (street, city, state, and ZIP or	nde)	Employer representative	to contact	
		o. Employer representative	to contact	
45 E 45th St., New York, NY				
7. Type of Establishment (factory, mine, wholesaler) 8. Principal produc		or service	Number of Workers employed	
Hotel Banquet Serv		ces	10+	
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
			Ladd a Mall	
		11c. Fax No.	11d e-Mail	
AA AAA	UD anda)		(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and Z	ir code)			
(b) (6), (b) (7)(C)		·		
	12. DECLARAT			
declare that I have read the above charge and (b) (6), (b) (7)(C)	that the statements	therein are true to the best	of my knowledge and belief.	
(b) (6), (b) (7)(C)	T		Tel No.	
		•	(b) (6), (b) (7)(C)	
D.	(b) (6), (	b) (7)(C)		
By:				
(signature esentative or person making charge)	Print/type per	ne and title or office, if any	Cell No.	
		no and title of onice, it any	Con No.	
RECEIVE		D-4s	Fau Na	
Address	i i	Date:	Fax No.	
SEP 2 1 201	8	$\mid \alpha \mid \cdot \mid$		
		19/01/14	e-Mail	
ВҮ:		1101110		
THE PARTY OF STATE OF THE CAN THE CAN ADD DESCRIPTION BY FE	INCAND IMPRICAMMENT	HE CORE TITLE 10 SECTION 1001)		

UNITED STATES OF AMERICA		DO NOT WE	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	)	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	N OR ITS	02-CB-227974	9-21-18
INSTRUCTIONS: File an original of this charge with th	e NLRB Regional Di	rector of the region in which	the alleged unfair labor practice
occurred or is occurring.	OD ITO ACCUTO ACA	INCT WILLIAM COLLABOR IS DO	NIOLIT :
1. LABOR ORGANIZATION	OR IIS AGENIS AGE	INST WHICH CHARGE IS BRO b. Union Representative to	
Stationary Engineers, RWDSU, UFCW, Loca	al 670	Thelma Winston	·
c. Address		d. Tel. No.	e. Cell No.
299 Broadway, Suite 1000		212-374-1654	e. Centro.
New York, NY 10007		f. Fax No.	g. e-Mail
14ew 16th, 141 16667		212-267-8650	j. 0
8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting  2. Basis of the Charge (set forth a clear and concise state  Since about (b) (6), (7)(6), (2018, the above-name exercise of rights protected by Section 7 of the correct amount of member (b) (6), (b)	commerce within the ment of the facts con- ned labor organiz the Act by failing	meaning of the Act and the F stituting the alleged unfair labor ation has restrained and to investigate the pens	rostal Reorganization Act. or practices)  I coerced employees in the ion benefits and failing to pay
Name of Employer     Seacrest Realty Co., LLC		212-695-2800	46. Cell No.
Seacrest Nearly Co., ELC		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. Employer representative	to contact
One Penn Plaza, 40 <sup>th</sup> Fl Suite 4000, New Yo		Abidin Radonsci	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		Number of Workers employed
Building	Building Servi	ces	
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)		(b) (6), (b) (7)(C)	
/		11c. Fax No.	11d e-Mail
11. Address of party filing charge (street, city, state, and Z.	IP code)		
(b) (6), (b) (7)(C)	-		·
	12. DECLARAT	ION	
I declare that I have read the above charge and	that the statements	•	
	1		Tot No.

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

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

Cell No.

Fax No.

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

Address:

(signature of representative or person making charge)

RECEIVED

SEP 2 1 2018

FORM NLRB-508 (6-18)

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

DO NOT WRITE IN THIS SPACE			
Case		Date Filed	
	02-CB-228040	9/25/18	

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	TO ACENTS (	ACAINST WHICH CHAR	CE IS BROLL	CUT		
1, LABOR ORGANIZATION OR IT	15 AGENTS A	AGAINST WHICH CHARC				
a. Name United Service Workers Union, IUJAT, Local 355				b. Union Representative to contact Lori Ann Ames, President		
c. Address (Street, city, state, and ZIP code)			d. Tel. No. 718-658-4	1848	e. Cell No.	
88-50 Queens Blvd riarwood, NY 11435			f. Fax. No: 718-526-2879			
			g, e-mail			
<ul> <li>h. The above-named labor organization has engaged in and is engaged (list subsections) (A)</li> <li>practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> </ul>		of the Nation	nai Labor Re	lations Act,	and these unf	air labor
2. Basis of the Charge (set forth a clear and concise statement of the	ne facts consti	ituting the alleged unfair la	abor practice	s)		
Since in or around (b) (c), (b) (7)(c) 2018, the above-named exercise of (c) Section 7 rights by refusing to process or read (c) route assignment issues, for reasons that are arbitrative Work Location: Harlem (Manhattan)	fusing to fur	ther process (b) (6) grieva	ance regard			
3. Name of Employer		4a. Tel. No.	b. Cell No.		c. Fax No.	
		347-492-3200				
First Step Transportation	irst Step Transportation d. e-mail					
5. Location of plant involved (street, city, state and ZIP code) 2859 W. 37th Street Brooklyn, NY 11224				representa	tive to contact	
7. Type of establishment (factory, mine, wholesaler, etc.) school bus company	1.	rincipal product or service		9. Number	of workers en	nployed
	uansporta	tion of students		201		
10. Full name of party filing charge (b) (6), (b) (7)(C)					- 3	
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No. (b) (6), (b) (	7)(C)	c. Fax No.	20 2
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(C)			25 YOR	0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5
12, DECLARATION  (b) (6), (b) (7)(C)	and that the s		(	Cell No.	X	N 0
(signature) (signature) (signature) (signature)	(Print/type name and title or office, if any)			ax No.		
same as above Address		Date 9/25/18		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

FORM NLRB-506 (6-18)

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

DO NOT WRITE IN	THIS SPACE
02-CB-228049	Date Flied 9/25/18

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

4 1 4000 000 41/74701/ 00 0	**************************************	A A INOT HA HOLL OLLADO	E 10 DD0	1015	
LABOR ORGANIZATION OR IT a. Name	S AGENTS /	AGAINST WHICH CHARG			
			b. Union H	tepresentative	to contact
New York Hotel and Motel Trades Cour	ncil, AFI	L-CIO	Harry	Rygor	
c. Address (Street, city, state, and ZIP code)		•	d. Tel. No	-	e. Cell No.
707 9th Aug Now York NY 10026				<u>45-8100</u>	
707 8th Ave, New York, NY 10036			f. Fax. No 646-3	343-103	5
			g. e-mail hrygo	r@nyhto	c.org
h. The above-named labor organization has engaged in and is enga (list subsections) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Nation	nel Labor R	ielations Act, s	nd these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of th	e facts const	liuting the alleged unfair is	bor practic	<b>:es)</b>	
The Union treated me differently then o	ther em	ployees, failed	to rep	resent n	ne and/or
failed to provide me suitable representa	ition in a	State Departn	nent of	f Human	Rights
("SDHR") hearing against my employer	The Sky	/line (b) (6), (b)	(7)(C)		
based on my disability (b) (6), (b) (7)(C)					
3. Name of Employer		4a. Tel. No.	b. Cell No	) <b>.</b>	c. Fax No.
The Skyline Hotel		212-609-2128			212-262-4260
		d. ⊕-mail mhurewitz@sk	ylineh	otelnyc.	com
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representati	ve to contact
725 10th Ave, New York, NY 10019-719	99		Mark	Hurewit	z
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify p	rincipal product or service		9. Number (	of workers employed
Lodging	Lodgir	ng		50+	
10. Full name of party filing charge (b) (6), (b) (7)(C)		*		-	
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No	), (b) (7)	c. Fax No.
(b) (6), (b) (7)(C)			(D) (O),	(b) (7)	
		d e-meil (b) (6), (b) (7)(C	)		
12. DECLARATION				Tel. No.	
(b) (6), (b) (7)(C) the above charge pest of my knowled			L		
		(b) (7)(C)		Cell No. (b) (6),	(b) (7)(C)
(C: <sup>(b), (b), (b)</sup> ( <sup>(c)</sup> ) (b), (b), (b), (c) (c)	(Prinstype na	me and title or office, if any)		Fax No.	
Address		09/25/(2D1)	₿ЯОУ	mal (b) (	6), (b) (7)(C)

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

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 WRIT	E IN THIS S	PACE	
Case	02-CB-228110	Date Filed	9-24-18	

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

LABOR ORGANIZATION OR ITS				ed of is occurring.
a. Name	AGENTO AGAINST WHICH		Representative	to contact
1199 seiu			•	io comuci.
		kevin w	illams	
		Title: 11	199 seiu	
c. Address (Street, city, state, and ZIP code)		d. Tel. No		e. Cell No.
99 church street		(914) 993		
NY white plains 10601		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) (3) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor F	Relations Act. a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labo	or practices)	
See additional page				
		_		
		R	ECEI SEP 24	VED
		- 1	CED: A .	
		- 1	3EP 2 4	2018
3. Name of Employer		4a. Tel. N	lo.	b. Cell No.
sst vincents hospital westchester		c. Fax No	<u> </u>	d. e-Mail
		C. Fax No		u. e-iviali
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	yer representative to contact
275 North St			Title	
NY Harrison 10528-1140			, Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9. Number	er of workers employed
10. Full name of party filing charge		11a. Tel.		b. Cell No.
(b) (6), (b)		(b) (6), (b)		(b) (6), (b) (7)(C)
	<u>-</u>	c. 'Fax No	),	d. e-Mail (b) (6), (b) (7)(C)
(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 belie		Tel. No. (b) (6), (	(b) (7)(C)
By (b) (6),	(b) (6), (b) (7)(C)		Cell No. (b) (6),	(b) (7)(C)
(signature of representative or person making charge) (Print/type	e name and title or office, if an Title:		ax No.	
(b) (6), (b) (7)(C)		-	e-Mail	
Address	(date) 09/24/20	18 15:53:09		), (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

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	D .	Case	Date filed	
AGENTS	E AGAINST LABOR ORGANIZATION OR ITS AGENTS		9/27/2018	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional D	irector of the region in whic	h the alleged unfair labor practice	
	OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	OUGHT	
a. Name	ON TO NOCK TO NO	b. Union Representative to		
Local32BJ SEIU		Lyle Rowen		
		Esq.		
c. Address		d. Tel. No.	e.e. Cell No.	
25 West 18 Street, New York, NY 10011		(212)388-3800		
		f. Fax No.	g. e-Mail	
,		(212)388-2062		
h. The above-named labor organization or its agents hav 8(b)(1)(A) of the National Labor Relations Act, and the the Act, or are unfair practices affecting commerce witl.  2. Basis of the Charge (set forth a clear and concise state Since about (b) (6), (b) (7)(C) 2018, the above the exercise of rights protected by Section 7 regarding (C)	se unfair labor praction the meaning of the meaning of the ment of the facts con-named labor orgother the Act by refu	ces are unfair practices affecti e Act and the Postal Reorgan estituting the alleged unfair lab panization has restrained using to process the grie	ng commerce within the meaning of ization Act. or practices) d and coerced employees in	
Name of Employer     NYC School Support Services, Inc.			4b. Cell No.	
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP c	6. Employer representative	to contact		
321 W 44th St, Ste 601, New York, NY 1003	6-5438	Dragan Radovanic Human Resources Superviso		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	ct or service	Number of Workers employed	
Cleaning Company	Janitorial Sen	vices .	100	
10. Full name of party filing charge		11a. Tel. No.	11b., Cell No.	
(b) (6), (b)		(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and Z	(IP.code)			
(b) (6), (b) (7)(C)				
	12. DECLARA			
I declare that I have read the above charge and	that the statements	therein are true to the best		
(b) (6), (b) (7)(C) By:			Tel No.	
		(C) Individual	(b) (6), (b) (7)(C)	
(sign <sup>(a) (a, b)</sup> ) rep <sup>(b) (b) (b) (b) (b)</sup> (a <sup>(b) (b)</sup> pr per <sup>(b) (b) (b)</sup> aking charge)	Print/type na	me and title or office, if any	Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		9/17/18	e-Mail	

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.

MILIN KOBK' NA

REGION S NIRB KECEINED

NATIONAL LABOR RELATIONS BOAR	D	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATIO	N OR ITS	02-CB-228202	9/27/2018	
AGENTS		1	1	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional D	irector of the region in whi	ch the alleged unfair labor practice	
, , 1. LABOR ORGANIZATION	OR ITS AGENTS AG	AINST WHICH CHARGE IS BE		
a. Name	<ul> <li>b. Union Representative t</li> </ul>	o Contact		
Local 32BJ, SEIU		Hector Figueroa		
		President		
c. Address	d. Tel. No.	e.e. Cell No.		
25 West 18th Street, New York, NY 10011		(212)388-3800		
;		f. Fax No.	g. e-Mail	
h. The above-named labor organization or its agents have	o engaged in and are	ongoging in unfair labor pro-	stiggs within the magning of section	
8(b)(1)(A) of the National Labor Relations Act, and the				
the Act, or are unfair practices affecting commerce wit	hin the meaning of the	Act and the Postal Reorgan	nization Act.	
2. Basis of the Charge (set forth a clear and concise state				
Since about (b) (c), (b) (7)(c) 2018, the above-nar	ned labor organiz	ation has restrained an	d coerced employees in the	
exercise of rights protected by Section 7 of t				
indefinite suspension for arbitrary or discrimi			3	
indemnite despendion for districtly of discrimin	majory rodoone o	THE DOG TOTAL		
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Quality Building Services		(212)883-0900	45. Gen No.	
Quality Building Convices		4c. Fax No.	4d. e-Mail	
•		,		
5. Location of Plant involved (street, city, state, and ZIP of	code)	6. Employer representative	e to contact	
801 Second Avenue, New York, NY 10017		Ediberto Perez Supervisor		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	Number of Workers employed	
Cleaning Contractor	Janitorial Sen		1000	
10. Full name of party filing charge (b) (6), (b) (7)(c)	*	11a. Tel. No.	11b. Cell No.	
		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail	
		٠.	(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and 2	IP code)			
(b) (6), (b) (7)(C)				
	12. DECLARA	TION		
I declare that I have read the above charge and	that the statements	therein are true to the bes	t of my knowledge and belief.	
(b) (6), (b) (7)(C)			Tel No.	
Ву				
[_ ]	Individual	(b) (6), (b) (7)(C)		
(sl <sup>©) (©), ©</sup> re or representative or person making charge)	Print/type na	me and title or office, if any	Cell No. (b) (7)(C)	
Address		Date:	Fax No.	
Address: (b) (7)(C)		9/27/18	Pax No.	
(b) (6), (b) (7)(C)	9/2//10	e Mail		

UNITED STATES OF AMERICA

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 (b) (6), (b) (7)(C) NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

> MEM YORK, NY 1018 15P 27 PM 6: 21

DO NOT WRITE IN THIS SPACE

UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	D	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		9/27/18	
INSTRUCTIONS: File an original of this charge with troccurred or is occurring.				
	OR ITS AGENTS AG	GAINST WHICH CHARGE IS		
a. Name     District Council 1707. Professional Employee	es Union	b. Union Representative (b) (6), (b) (7)(C)	e to Contact	
c. Address 420 W 45th St, New York, NY 10036-3501		d. Tel. No. (646)527-6653 f. Fax No.	g. e-Mail	
the Act, or are unfair practices affecting commerce wit  Basis of the Charge (set forth a clear and concise state Since about (2000) (2018), the above-name exercise of rights protected by Section 7 of the commerce of the commerce with the commerc	ement of the facts co d labor organiza ne Act by refusir	postituting the alleged unfair ation has restrained and ng to arbitrate the griev	labor practices) d coerced employees in the	
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
District Council 1707, AESCME		4c. Fax No.	. 4d., e-Mail	
Location of Plant involved (street, city, state, and ZIP c	Location of Plant involved (street_city_state_and ZIP code)		ve to contact	
420 W 45th St, New York, NY 10036-3501		Kim Medina Executive Director		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ		9. Number of Workers employed	
Union	Social Agend	су	20	
10. Full name of party filing charge (b) (c), (b) (7)(c)		11a. Tel. No. <b>(b) (6), (b) (7)(C)</b>	11b. Cell No.	
		11c. Fax No.	11d e-Mail	
11 Address of party filing charge (street, city, state, and Z	(IP code)			
(b) (6), (b) (7)(C)				
	12. DECLARA	ATION		
I declare that I have read the above charge and				
(b) (6), (b) (7)(C)			Tel No.	
8) (n	(b) (6), (b) (	ndividual	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)	Print/type n	ame and title or office, if any	Cell No.	
Address (b) (6), (b) (7)(C)		Date:	Fax No.	
(a) (b), (b) (7)(b)		9/27/18	e-Mail	

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.

ME A LOBK' NA

1016 CED 57 PM 6: 20

REGION S NEGENTO

INSTRUCTIONS: File an original of this charge with the	ne NI PR Regional Di	rector of the region in a	which the alleged upfair later 5728ice	
occurred or is occurring.	ie NERB Regional Di	rector of the region in v	which the alleged utilal labor practice	
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST WHICH CHARGE IS	BROUGHT	
a. Name		b. Union Representati	ve to Contact	
Local 1101, CWA		Ken Spatta		
		Business Repres	sentative	
c. Address	<del></del>	d. Tel. No.	e.e. Cell No.	
350 W 31st St, Fl 2, New York, NY 10001-27			e.e. Gen No.	
350 W 315t St, F12, New York, NY 10001-27	720	(212)633-2666 . f. Fax No.	g. e-Mail	
		(212)633-8337	g. e-iviali	
h. The above-named labor organization or its agents hav	e engaged in and are		practices within the meaning of section	
8(b)(1)(A) of the National Labor Relations Act, and the	se unfair labor practic	es are unfair practices af	fecting commerce within the meaning of	
the Act, or are unfair practices affecting commerce wit	hin the meaning of the	Act and the Postal Reor	ganization Act.	
2. Basis of the Charge (set forth a clear and concise state				
Since about (10,00,00,00), 2018, the above-name	ed labor organizati	on has restrained a	nd coerced employees in the	
exercise of rights protected by Section 7 of the				
termination for arbitrary or discriminatory			, rager amig	
termination for arbitrary or discriminatory	reasons or in bac	i laitii.		
		· · · · · · · · · · · · · · · · · · ·		
Name of Employer		4a. Tel. No.	4b. Cell No.	
Verizon New York, Inc.				
		4c. Fax No.	4d., e-Mail	
770		6. Employer representa		
	5. Location of Plant involved (street, city, state, and ZIP code)			
140 West St, New York, NY 10007-2141		Patrick Prindeville Executive Director of Labor		
		Relations		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	Number of Workers employed	
Utility	Telecommunic	cations	1000	
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	
		110.1 02.110.	(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and 2	7IP code)			
	t			
(b) (6), (b) (7)(C)	12. DECLARAT	'ION		
I deci <sup>1016</sup> 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)			Tel No.	
Ву:	(b) (c) (b) (7)(	N sacari na ces	(b) (6) (b) (7)(c)	
		Individual	(b) (6), (b) (7)(C)	
(sign	Print/type nar	ne and title or office, if ar	ny Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		9/27/18		
		I	e-Mail	

Case

DO NOT WRITE IN THIS SPACE

02-CB-228237

Date filed

UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS **AGENTS** 

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.

AN 'XBOA MEN (b) (6), (b) (7)(C)

1018 SEP 27 PM 6: 19

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD			Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS		02-CB-228246	9/27/18	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice	
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT	
a. Name		b. Union Representative to		
1199 SEIU Healthcare Workers East		George Gresham		
,		President		
<u> </u>				
c. Address		d. Tel. No.	e.e. Cell No.	
310 W 43rd St, New York, NY 10036-3981		(212)582-1890	14.2	
		f. Fax No.	g. e-Mail	
The above-named labor organization or its agents have 8(b)(1)(A) of the National Labor Relations Act, and the the Act, or are unfair practices affecting commerce with	se unfair labor practice hin the meaning of the	es are unfair practices affecti Act and the Postal Reorgani	ng commerce within the meaning of zation Act.	
2. Basis of the Charge (set forth a clear and concise state				
Since about (6) (6), (6) (7)(6), (2018, the above-name	ed labor organizat	ion has restrained and	coerced employees in the	
exercise of rights protected by Section 7 of the	ne Act by refusing	to process the grievan	ce of <b>(b) (6), (b) (7)(C)</b>	
regarding for arbitrary or disc	riminatory reason	s or in bad faith.	<u> </u>	
,	,			
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Regency Extended Care Center		4a. Tel. No.	4b. Cell No.	
Regelley Extended Gale Genter		4c. Fax No.	4d. e-Mail	
		(914)963-3984		
5. Location of Plant involved (street, city, state, and ZIP ci	ode)	<ol><li>Employer representative</li></ol>	to contact	
65 Ashburton Ave, Yonkers, NY 10701-2999		Lisa LNU Superviso	r	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed	
Nursing and Rehabilitation Home	Healthcare		100	
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.	1 11d o Moil	
		IIC. Pax No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and Z	IP code)			
(b) (6), (b) (7)(C)				
	12. DECLARAT	ION		
I declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief.	
. decide that the food the above sharge and	I de ciacomorato	Jiii di	Tel No.	
	_			
<sub>By</sub> (b) (6), (b) (7)(C)				
	(b) (6), (t	) (7)(C) Individual	(b) (6), (b) (7)(C)	
(Signature or representative or person making enarge)		ne and title or office, if any	Cell No.	

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.

1918 元5 27 阳 6-20

Date:

9/27/18

Fax No.

e-Mail

GEVIEDEM, MLRB S NOISER

UNITED STATES OF AWIERICA		DO NOT WI	RITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION	N OR ITS	·		
AGENTS		02-CB-228248	9-27-18	
INSTRUCTIONS: File an original of this charge with the	e NLRB Regional Dir	rector of the region in which	the alleged unfair labor practice	
occurred or is occurring.				
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO		
a. Name		b. Union Representative to Contact		
1199SEIU Healthcare Workers East		George Gresham		
		President		
c. Address		d. Tel. No.	e.e. Cell No.	
310 W 43rd St, New York, NY 10036-3981		(212)582-1890		
		f. Fax No.	g. e-Mail	
<ul> <li>The above-named labor organization or its agents have</li> </ul>				
8(b)(1)(A) of the National Labor Relations Act, and thes	se unfair labor practice	es are unfair practices affecting	ig commerce within the meaning of	
the Act, or are unfair practices affecting commerce with				
2. Basis of the Charge (set forth a clear and concise state)		-		
Since about a date within the past six months		_		
employees in the exercise of rights protected	by Section 7 of th	ne Act by refusing to pro	ocess the grievance of	
(b) (6), (b) (7)(C) regarding suspension an	d termination for	arbitrary or discriminato	ry reasons or in had faith	
regarding	d terrimation for	dibitially of discriminate	ry, reasons of in bad latti.	
Name of Employer		4a. Tel. No.	4b. Cell No.	
Goldcrest Nursing Care Center				
		4c. Fax No.	4d. e-Mail	
<ol><li>Location of Plant involved (street, city, state, and ZIP code)</li></ol>		6. Employer representative	to contact	
2316 Bruner Ave, Bronx, NY 10469-6399	2316 Bruner Ave. Bronx. NY 10469-6399		sor	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		Number of Workers employed	
Nursing Home	Healthcare	·	100	
10. Full name of party filing charge	ricalticalc	11a, Tel. No.	11b. Cell No.	
10 Full name of party filing charge (b) (G), (b) (7)(C)			115. [36](110)	
		(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail	
			(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and ZI	IP code)			
(b) (6), (b) (7)(C)	ı			
(b) (b); (b) (1)(b)	12. DECLARAT	ION		
<b>\.</b>				
I declare that I have read the above charge and	that the statements	therein are true to the best		
(b) (6) (b) (7)(C)			Tel No.	
(b) (6), (b) (7)(C)				
8				
_	(b) (6), (b) (	7)(C), Individual	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)	Print/type nan	ne and title or office, if any	Cell No.	
		·		
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		9/27/18		
			e-Mail	
			(b) (6), (b) (7)(C)	
	·····			

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.

NEW YORK, NY 2018 SEP 27 PM & 19

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INTERNET FORM NLRB-608 (2-08)

# UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

		FORM EXE	MPT UNDER 44 U.S.C 3512					
DO NOT WRITE IN THIS SPACE								
Case	02-CB-228426	Oate Filed	9/27/18					

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ınfalr 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				
Public Employees Federation		Wayne Spence			
		Title: Pres	Ident	ı	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (518) 785-19	900	e. Cell No.	
1168-70 Troy-Schenectady Road PO Box 12414 NY Albany 12212-2414		f. Fax No.		g. e-Mail	
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are untair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Nati ct, or these unfair labor pract	onal Labor Relices are unfair	lations Act, of practices at	and these unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the ellege	d unfeir labor j	oractices)		
See additional page	,			!	
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	BY:			12 N	
				54 <del>-1</del> / 12	
		1			
3. Name of Employer		4s. Tel. No. (212) 587-54	435	b. Cell-No.	
New York State Insurance Fund		c. Fax No.		d. e-Mail (A)	
				emadoff@nysif.com	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact	
199 Church Street			Eric Mad		
NY New York 10007-1100			Title: CE	<u> </u>	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	1	er of workers employed	
Insurance (Miscellaneous)	Workers' Compensation		1400	<u>,                                    </u>	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)		), Cell No (b) (6), (b) (7)(C)	
		c. Fax No.		(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (c), (b) (7)(c)	
(b) (6), (b) (7)(C)					
12. DECLARATION		Tel	No		
declare that I have read the above charge and that the statements therein are true to the best of my knowledge and being (b) (6), (b) (7)(C)			Cell No (b) (6), (b) (7)(C)		
(signature of representative or person making charge) (Print/type	(b) (c), (b) (7)(c)				
	Title:	1.00			
(b) (6), (b) (7)(C) Address	(date)_09/27/20	e-N	fail (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)

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR RELATIONS BOARD	)			Date filed					
CHARGE AGAINST LABOR ORGANIZATION			02-CB-228451	9-28-18					
INSTRUCTIONS: File an original of this charge with th	e NLRB Regiona	al Director o	of the region in which	h the alleged unfair labor practice					
occurred or is occurring.	00 170 1051170								
a Name	OR IIS AGENTS	AGENTS AGAINST WHICH CHARGE IS BROUGHT							
Local 32BJ SEIU		b. Union Representative to Contact     Lyle Rowen							
Eocai 32B3 GE10		Esq.							
	-	LS	٩· 						
c. Address		d Te		e.e. Cell No.					
25 W 18th St, New York, NY 10011-4677			2)388-3800						
		f. Fax	f. Fax No. g' e-Mail						
h. The above-named labor organization or its agents have	e engaged in and	are engagin	ng in unfair labor prac	ctices within the meaning of section					
8(b)(1)(A) of the National Labor Relations Act, and thes									
the Act, or are unfair practices affecting commerce with 2. Basis of the Charge (set forth a clear and concise state.	nin the meaning o	or the Act and	the Postal Reorgan	ization Act.					
			. 7	* · · .					
Since about a date within the past six months									
employees in the exercise of rights protected	by Section 7	of the Act	by refusing to pr	ocess the grievance of					
(b) (6), (b) (7)(C) regarding discipline and	d harassment	by	pervisor for arbitr	ary or discriminatory reasons					
or in bad faith.									
Work Location: 225 Liberty Plaza, New York,	NY 10006								
Work Education. 220 Elberty Fraza, New York,	14.1 10000			· ·					
		1 4 n T	al Mai	4h Call No					
3. Name of Employer		4a. To	el. No.	4b. Cell No.					
Abm Industries		4c. F	av No	4d. e-Mail					
		40. 17	ax 140.	4u. e-iviali					
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. Em	ployer representative	to contact					
1 Liberty Plz, Fl 7, New York, NY 10006-141		Ha	Hal Berger HR Director						
7. Type of Establishment (factory, mine, wholesaler)	8. Principal pro								
	Janitorial S								
Maintenance  10. Full name of party filing charge	Janitonai		el. No	11b. Cell No.					
(b) (6), (b) (7)(C)		110	E1. 140.	(b) (6), (b) (7)(C)					
			,						
\		11c, F	ax No.	11d e-Mail (b) (6), (b) (7)(C)					
			(b) (b), (b) (7)(c)						
11. Address of party filing charge (street, city, state, and Z	IP 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.									
(b) (6), (b) (7)(C)			Tel No.						
(-) (-), (-) (-)									
(b) (6), (b) (7)(C) Individual									
(signature or representative or person making charge)	Print/type	e name and t	title or office, if any	Cell No. (b) (6), (b) (7)(C)					
Address		· r	Date:	Fax No.					
Address: (b) (6), (b) (7)(C)			9/28/18						
		١	5, 10	e-Mail					
				(b) (6), (b) (7)(C)					

