From: 12124014757 To: 12122642450

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	02-CB-226923	09/24/2020	
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.			
LABOR ORGANIZATION OR ITS AGENTS	AGAINST WHICH CHARGE IS	BROUGHT	
a. Name United Workers Union Local 621	b. Union Representative Stephen Sombrot	CHORT A	
c. Address 367 Long Beach Road #147, Island Park, NY 11558	d. Tel. No. (888)666-1974	e.e. Cell No,	
	f. Fax.No. (516)706-0879	g. e-Mail	
h. The above-named labor organization or its agents have engaged in and 8(b), (1)(A) of the National Labor Relations Act, and these unfair labor pathe Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce.	practices are unfair practices af	fecting commerce within the meaning of	
2. Basis of the Charge (set forth a clear and concise statement of the facts			
Since about [0] 2020, the above-named labor organization			
		11.5	
of rights protected by Section 7 of the Act by refusing to pr	The state of the s	) (b), (b) (7)(C) regarding ····	
severance pay for arbitrary or discriminatory reasons or in	bad faith.		
1000WCF VIII VI 154.			
3. Name of Employer	4a. Tel. No.	4b. Cell No.	
The Mohan Group	212-808-400	70	

Name of Employer     The Mohan Group		4a. Tel. No. 2.13-808-4000	4b. Cell No.			
•		4c. Fax No.	4d. e-Mail			
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representative	to contact			
3 Columbus Circle, Suite 2600, New York, N	NY 10019	Eileen Vahav				
7. Type of Establishment (factory, mine, wholesaler)	8. Principal prod					
Real estate	Real estate	. 4475	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.	11d e-Mail			
2.11	Carrier Hilly 19494	** *****	(b) (6), (b) (7)(C)			
11. Address of party filing charge (street, city, state, and	ZIP code)					
(b) (6), (b) (7)(C)		i un mai i impera	elekt.			
	12. DECLAR	ATION				
I declare that I have read the above charge and	d that the statemer	nts therein are true to the best				
(b) (6), (b) (7)(C)			Tel No.			
	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)			
(s		name and title or office, if any	Cell No.			
Address: (b) (7)(C)		Date:	Fax No.			
(b) (6), (b) (7)(C)		09/20/20	e-Mail			
		1/27/20	(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		
CHARGE AGAINST LABOR ORGANIZATION OR ITS				
AGENTS	02-CB-265271	9-8-20		
INSTRUCTIONS: File an original of this charge with the NLRB Regional D	irector of the region is which	on the alleged unfair labor practice		
1. LABOR ORGANIZATION OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	OUGHT		
a. Name	b. Union Representative to			
Local 6, Hotel Motel Trades Council	Miguel Castaneda			
,	Business Agent			
c. Address	d. Tel. No.	e.e. Cell No.		
707 8th Avenue, New York, NY	(212)245-8100	C.C. Out No.		
772 SQLETTONGO, TIGHT TOTAL TOTAL	f. Fax No.	g. e-Mail		
		8. 2.11.0.		
h. The above-named labor organization or its agents have engaged in and are	engaging in unfair labor prac	tices within the meaning of section		
8(b), subsection(s) 1A of the National Labor Relations Act, and these unfair	labor practices are unfair pra	ctices affecting commerce within the		
meaning of the Act, or are unfair practices affecting commerce within the m				
<ol><li>Basis of the Charge (set forth a clear and concise statement of the facts con</li></ol>	nstituting the alleged unfair let	oor pr <del>acti</del> ces)		
Since a date within the previous six months, the above-name	d labor proanization bas	restrained and coerced		
employees in the exercise of rights protected by Section 7 of				
(b) (6), (b) (7)(C) regarding (a)(a) layoff for arbitrary or discriminate	ory reasons or in bad tai	tn.		
Since on or around August 19, 2020, the above	e named union has re	fused, upon request, to		

Since on or around August 19, 2020, the above named union has refused, upon request, to provide (b) (6), (b) (7)(C) with a copy of the applicable collective bargaining agreement.

	r) +: :::0 =pp::==		<u> </u>		
3. Name of Employer		4a. Tel.No.	4b. Cell No.		
Marriot Courtyard					
		4c. Fex No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer represent	ative to contact		
866 Third Avenue, New York, NY 10022	-	Steven McClure General Manager			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed		
Hotel	Hotel		100		
1(b) (6), (b) (7)(C)	<u> </u>	11a. Tel. No.	11b. Cell No.		
(b) (b), (b) (7)(c)		(b) (6), (b) (7)(C)			
		11¢. Fax No.	11d e-Mail (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 statement	s therein are true to the	best of my knowledge and belief.		
(b) (6), (b) (7)(C)			Tại No.		
(b) (6), (b) (7)(C)	(b) (6), (b)		(b) (6), (b) (7)(C)		
(signature o		me and title or office, if a	.   _		
Address: (b) (6), (b) (7)(C)	(b) (6), (b)	(7)(C) Date: 04-04	7.26 ak No.		
		08-84	(b) (6), (b) (7)(C)		

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

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD	Case	Date filed			
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	02-CB-265634	9-2-20			
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.	<u>-</u>	<u> </u>			
LABOR ORGANIZATION OR ITS AGENTS     Local 32BJ SEIU	b. Union Representative Lyle Rowen Associate Genera	e to Contect			
c. Address 25 West 18th Street, New York, NY 10011	d. Tel. No. (212)388-3800 f. Fax No.	g. e-Mail Irowen@selu32bj.org			
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)(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. Beels of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  Since about a date within the last 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 grievance of process or in bad faith.					
Work location: 444 Madison Avenue, New York, NY					

3. Name of Employer Quality Building Services		4a. Tel. No.	4b. Cell No.		
		4c. Fax No. (212)883-6770	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative to contact			
	<del>~~,</del>	Ljiljana Mirjanic Executive Vice President			
801 Second Avenue, New York, NY 10017	I a a				
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed		
Commercial Janitorial Provider	Cleaning & Ma		13		
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), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and 2	(IP code)	•			
(b) (6), (b) (7)(C)					
(b) (b), (b) (f)(c)	12. DECLARAT	TIÓN			
1 declare that I have read the above charge and			t of my knowledge and bellef.		
(b) (6), (b) (7)(C (b) (6), (b) (7)(C)	(b) (6), (b) (7	)(C)	Tel No.		
(signature of representative or person making charge)	Print/type name and title or office, if any		Cell No. (b) (6), (b) (7)(C)		
Address: (b) (6), (b) (7)(C)		Date:	Fax No.		
		August 21, 2020	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 1901) PRIVACY ACT STATEMENT

Solicitation of the information on this form is unknowed by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. 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 Redoral Register, 74 Red. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB its woluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATT

TERESA POOR

FORM EXEMPT UNDER 44 U.S.C 3512

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
02-CB-265924	9-9-20

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

INSTRUCTIONS: File an original with NLRB Regional Director for th	ie region in w	nich trie alleged untalt lad	oor practice o	ccurred or is	occurring.
1. LABOR ORGANIZATION OR IT	S AGENTS	GAINST WHICH CHAR			
a. Name Local 32BJ SEIU  b. Union Represent Lyle Rowen, Ass				presentative en, Assoc. (	to contact General Counsel
c. Address (Street, city, state, and ZIP code)			d. Tel. No. 212-388-3	452	e. Cell No.
25 West 18th Street, New York, NY 10011		f. Fax, No.			
	g. e-mail lrowen@s	eiu32bj.org	5		
h. The above-named labor organization has engaged in and is engaged (1)(A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Nation	nal Labor Re	lations Act, a	and these unfair labor
Since on or a date within the six months prior to the filing a organization, by its officers, agents, and representatives, ad (b) (6), (b) (7)(C) 2020, claiming is not covered more than Work location: 300 Madison Avenue, NY, NY 10017.	and service of vised its me six months	of this charge, an conti mber <sup>(b)</sup> (6), (b) (7)(6) that after <sup>(0)(6), 6</sup> indefinite sus	nuing to da it will disc spension of	te, the abov ontinue <sup>((())</sup>	re-named labor linsurance effective 2020.
3. Name of Employer Harvard Maintenance		4a. Tel. No. 212-730-0001 d. e-mail	b. Cell No.		c. Fax No.
5. Location of plant involved (street, city, state and ZIP code) 59 Maiden Lane, NY, NY 10038			6. Employer representative to contact Toni Spinazolla, Chief Human Resource Officer		
7. Type of establishment (factory, mine, wholesaler, etc.) building maintenance		rincipal product or service nd building maintenan		9. Number of 50	of workers employed
10 Full name of party filing charge (b) (6), (b) (7)(C)				<b>1</b>	
(b) (6), (b) (7)(C)		11a. Tel. No.	(b) (6), (b)	(7)(C)	c. Fax No.
		(b) (6), (b) (7)(C	)		
(b) (6), (b) (7)(C)  (c)  (declare to 1.1.0	and that the dge and belie (b) (6), (b)			Tel. No. (b) (6), (b) (7 Fax No.	)(C)
Address (b) (6), (b) (7)(C)		Date <u>9/8/22</u>	اً حجة	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

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

	TOTAL EXEMIT TOTALETT TO CO.O.O.O.O.			
DO NOT WRITE IN THIS SPACE				
Case 02-CB-265948	Date Filed 9-10-20			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
SEIU LOCAL 32BJ		lyle rowen		
		Title: SEIU	LOCAL 32	BJ
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
25 west 18 street		(212) 388-34 f. Fax No.	152	q. e-Mail
NY ny 10011		I. Fax No.		g. e-iviali Irowen@seiu32bj.org
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 meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor ı	oractices)	
2. Busin of the original for four a sour and consider diagonal of the	racio corrollating the anegot	a amaii rabor p	, donoco,	
See additional page				
3. Name of Employer		4a. Tel. No. (212) 816-91	27	b. Cell No.
CUSHMAN Y WAKEFIELD INC		c. Fax No.	21	d. e-Mail
	I	(212) 816-10	98	
5.1. 6. 6.1.1. 1.1/1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		(2.2) 0.0		1.5.1.1.1
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
388 GREENWICH STREET NY NY 10013			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service		r of workers employed
Services	cleaning	OI SCIVICE	100	i oi wontois employed
	cleaning	11a. Tel. No	<u>'                                      </u>	b. Cell No.
10. Full name of party filing charge		(b) (6), (b) (7)		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mail
AA Address of a staffing shores ( ) ( ) ( ) ( ) ( ) ( )				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	1			
-				
12. DECLARATION	# - b - d - f d d b - f'-	, Tel.		N/7/C)
I declare that I have read the above charge and that the statements therein are true to		r. Cell	(b) (6), (b	) (r)(C)
By (b) (6), (b) (7)(C) (signature of representative or person making charge) (Print/type	(b) (6), (b) (7)(C)		(b) (6), (b	o) (7)(C)
(Signature of representative of person making energy) (PIIII/Itype	Title:	Fax		<b>_</b>
(b) (6), (b) (7)(C)		e-M	lail	
	(date)_ <sup>09/10/202</sup>			, (b) (7)(C)
Address	(date)		(3)	, ( , / ( - / - / - / - / - / - / - / - / - /

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

## 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.

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
02-CB-266049	9-10-20

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 IT	'S AGENTS A	AGAINST WHICH CHARG	GE IS BROL	IGHT		
a. Name	b. Union Representative to contact					
New York City District Council of Carpenters				Robert Villata		
c. Address (Street, city, state, and ZIP code) 395 Hudson Street, 9th Floor			d. Tel. No. 212-366-		e. Cell No. 347-491-0739	
New York, New York 10014	Jew York, New York 10014					
			g. e-mail rvillata@	nycdistrictco	ouncil.org	
h. The above-named labor organization has engaged in and is engaging in unfair labor practices within the meaning of section 8(b) and (list subsections)  (3) and Section 8(d)  of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.						
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  On August 20, 2020 at a collective bargaining session, as an alternate proposal, Union representatives proposed to extend its agreement with the Employer without wage and benefits increases to December 31, 2020. This proposal was accepted by Employer at the session. The Union attorney sent a draft of a Memorandum of Understanding with an extension date to only December 1, 2020. This was not what was agreed to by the Employer and when the Employer asked for the reason as to the thirty (30) day discrepency and shortfall, Union, through its counsel refused to provide a reason and stated that the Employer was not entitled to an answer as to why there was a discrepency. By sending a Memorandum of Understanding that was completely inconsistent with the proposal that the Union itself made and refusing to provide an explanation as to why, Union has not been bargaining in good faith at all with Employer					loyer at the session.  20. This was not cy and shortfall, to why there was a the Union itself	
3. Name of Employer EJM Ventures, Inc. d/b/a J. Pocker & Son	WM-1907-1-1-1-1-1	4a. Tel. No. 212-838-5488	1	b. Cell No. c. Fax No.		
		d. e-mail ericm@jpocker.com			· ·	
5. Location of plant involved (street, city, state and ZIP code) 135 East 63rd Street, New York, New York 10065			6. Employe Eric Mau	er representati skopf	ve to contact	
7. Type of establishment (factory, mine, wholesaler, etc.) manufacturing	8. Identify particular and picture fra	rincipal product or service		9. Number o	f workers employed	
10. Full name of party filing charge EJM Ventures, Inc. d/b/a J. Pocker & Son, by Eric Mausko	pf, Owner a	nd President				
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. 212-838-5488	b. Cell No 646-369-		c. Fax No.	
135 East 63rd Street, New York, NY 10014  d. e-mail ericm@jpocker.com						
12. DECLARATION I declare that I have read the above charge and that the statements			Tel. No. 973-325-8347 Cell No.			
Eric Melzer, c/o Berkowitz, Lichtstein, et. al. 201-424-8082			2			
(signature of representative or person making charge) (Print/type name and title or office, if any) Fax No. 973-325-7930			0			
75 Livingston Ave., 1st Fl., Roseland, NJ 07068 Address				(gg.com		

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

#### 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							
02-CB-266095	9-10-20							

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.				
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT					
a. Name		b. Union Rep	resentative t	to contact				
32BJ SEIU		BRIKENA	BEKTESHI					
	Title: UNION DELAGATE							
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.				
25 WEST 18TH STREET		(212) 388-38	800	(929) 205-6099				
NY NY 10011		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 unfair practices affecting commerce within the meaning of the Ac	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices				
meaning of the Act and the Postal Reorganization Act.	t, or these unital labor practi	ces are urran	practices an	ecung commerce within the				
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor p	ractices)					
See additional page								
Name of Employer		4a. Tel. No.		b. Cell No.				
CUSHMAN & WAKEFIELD		(212) 816-18	46	(347) 964-3802				
		c. Fax No.		d. e-Mail				
				theresa.page@cis.cushwake.com				
Location of plant involved (street, city, state and ZIP code)			6 Employ	er representative to contact				
388/390 GREENWICH STREET			THERESA	•				
NY NY 10013			Title: ASS	SISTANT FACILITY MANAGER				
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9 Number	r of workers employed				
1. Type of ostablishmonk (lastery, mino, minosalor, etc.)	o. Identity principal product	OI SOI VIOC	o. Harrison	i oi womoro omproyou				
	1	44a Tal Na	<u> </u>	h Call No				
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.	9	d. e-Mail				
		c. rux ro.		(b) (6), (b) (7)(C)				
11. Address of party filing charge (street, city, state and ZIP code.)				(=) (=) (=) (=)				
(b) (6), (b) (7)(C)								
(b) (6), (b) (7)(C)- 12. DECLARATION		Tel.	No					
I declare that I have read the above charge and that the statements therein are true to t	the best of my knowledge and belie		(b) (6), (b	) (7)(C)				
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell						
	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>09/10/2020</sup>	0 20:56:02		, (b) (7)(C)				
Nuuross	(date)	<del></del>	( ) ( )					

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

## 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.

	DO NOT WRITE IN THIS SPACE							
UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD	Case	Date filed						
CHARGE AGAINST LABOR	02-CB-266097	9-8-20						
NIZATION OR ITS AGENTS INSTRUCTIONS: File an original of this charge with the NLRB R occurred or is occurring.  1. LABOR ORGANIZATION OR ITS AG								
a. Name 1199/SEIU United Healthcare Workers East	b. Union Representative Brenda Spry VP	eto Contact						
c. Address 498 Seventh Avenue, New York, NY 10018	d. Tel.No. (212) 582-1890	e.e. Cell No. (914) 346 7185						
TOO OOYONIA / NOW YOUR AND TO THE STATE OF T	f. Fax No.	g, e-Mail						
h. The above-named labor organization or its agents have engaged 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and	these unfair labor practices are unfa	rpractices affecting commerce wit						
the meaning of the Act or are unfair practices affecting commence.  2. Basis of the Charge (set forth a clear and concise statement of the Since a time within the past six months, the above-na in the exercise of rights protected by Sect (b) (6), (b) (7)(C) regarding their job description of indirect had been on disability leave status for arbitration of follow up with grievances file on behalf.	fects constituting the alleged unfair med labor organization has re ion 7 of the Act by refusing to vs direct patient care. In this t	abor practices) estrained and coerced process the grievances of lime frame the employee.						

Name of Employer     Montefiore St. Luke's Comwall Hospital		4a. Tal. No. (845) 561-4400	4b. Cell No.
Withterfore St. Luke a Contwall Flospital		4c. Fax No.	4d. e-Malt
5. Location of Plant in volved (street, city, state, and ZIP	code)	6. Employer representativ	
70 Dubois St., Newburgh, NY 12550			pational Health Mgr.
7. Type of Establishment (factory, mine, wholeseler)	8. Principal produ	uct or service	<ol><li>Number of Workers employed</li></ol>
hospital	health care		1500
		11a. Tel. No.	11
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c Fax No.	(b) (6), (b) (7)(C)
11 (b) (6), (b) (7)(C)	code)		
	12. DECLARA	ATION	
I declare that I have read the above charge an	d that the statemen	to therein are true to the bes	t of my knowledge and belief.
			Tei No.
(b) (6), (b) (7)(C)	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)
( making charge)	Print/type n	ame and title or office, if any	Call (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Date:	Fax No.
			e-(b) (6), (b) (7)(C)

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

#### 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								
02-CB-266247	September 15, 2020								

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.				
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH							
a. Name		b. Union Rep	resentative	to contact				
32BJ		Susan She	erman					
	Title: Union delegate							
		O'IIIO	dologato					
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.				
25 M4045 -4		(212) 388-38	800					
25 W18th st NY New York 10011		f. Fax No.		g. e-Mail				
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	l fair labor prac	tices within t	the meaning of section 8(b)				
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices				
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices aff	fecting commerce within the				
	o facts constituting the allege	d unfair labor r	racticos)					
Basis of the Charge (set forth a clear and concise statement of the	e racis constituting the alleged	и интан тарог р	ractices)					
See additional page								
. •								
Name of Employer		4a. Tel. No.		b. Cell No.				
Pritchard Industries		c. Fax No.		d. e-Mail				
		C. Tax No.		u. e-iviali				
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact				
150 E 42nd street								
NY New York 10017			Title:					
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed				
Others	building services/cleaning							
10. Full name of party filing charge		11a. Tel. No.	.	b. Cell No.				
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(						
		c. Fax No.		d. e-Mail				
44 Address of party filing charge (atract sity state and 7/D anda)				(b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)								
(=) (=); (=) (=)								
12. DECLARATION		Tel.	No					
I declare that I have read the above charge and that the statements therein are true to	, ,		(b) (6), (b	o) (7)(C)				
By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No.					
(signature of representative or person making charge) (Print/type	name and title or office, if any	/) Fax	No					
	Title:	Fax	INO.					
(b) (6), (b) (7)(C)		e-M	ail					
Address	(date)_09/15/202			), (b) (7)(C)				
	(uate)							

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

## 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.

DO NOT WRITE IN THIS SPACE

TARES OF AMERICA	+		Date fileo
UNITED STATES OF AMERICA  NATIONAL LABOR RELATIONS BOARD  NATIONAL LABOR RELATION OR ITS	Ca		<del>† 9-16-</del> 20
NATIONAL LABOR RELATIONS BOTTOM OR ITS HARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS RUCTIONS: File an original of this charge with the NLRB I	<b>5</b> \ 0	2-CB-266290	the ad unfair labor practice
HARGE AGAINST LABOR ON THE	Direct	or of the region in whi	ch the alleged unian labor pro-
	KEGIOHAI BUSS.		POUGHT
RUCTIONS: File an original of this charge with the NERO irred or is occurring.  1. LABOR ORGANIZATION OR ITS A	AGENTS AGAINS	T WHICH CHARGE IS BU Union Representative	to Contact
1. LABOR ORGANIZATION ON STATE	b	Outou Kebiesemenne	
Name Local 32BJ Service Employees International Union	1	Johnny Herera	
_ocal 32B1 Service Employees internation	1	Delegate	
		d. Tel. No.	e.a. Cell No.
Address	1	(212)388-3800	
25 W. 18th Street, New York, NY	t	f, Fax No.	g. e-Mail
	. \		this the massing of section
The above-named labor organization or its agents have enga	ged in and are e	ngaging in unfair lebor	practices within the meaning of scotton
The above-named labor organization or its agents have enga 8(b), subsection(s) 1A of the National Labor Relations Act, ar	nd these untair k	abor practices are untain	Postal Regranization Act.
8(b), subsection(s) 1A of the National Labor Relations Act, at meaning of the Act, or are unfair practices affecting commercy.  Basis of the Charge (set forth a clear and concise statement)	ce within the mea	aning of the Act and the	Ir labor practices)
Basis of the Charge (set forth a clear and concise statement	of the facts cons	Wound me anoles and	
			has rootrained and coerced
Since a date within the previous six months, the a	sbove-named	labor organization	has restrained and doords
Since a date within the previous six months, the a	Section 7 of the	he Act by refusing t	to process the grievance of
employees in the exercise of rights protected by a property of the property of the property of the protected by a property of the protected by a protected b	eington/ reaso	one or in had faith.	
regarding layoff for arbitrary or discrim	ninatory reason	JIIG OF III GGG TANKER	
•			
West-Leasting 200 Madison Ave. NY, NY			
Work location: 300 Madison Ave., NY, NY	•		
	· 	4a. Tel. No.	4b. Cell No.
Name of Employer	·	4a, Tel. No. (212)269-2474	(212)269-2474
		4a, Tel. No. (212)269-2474 4c. Fax No.	4 - 4
3. Name of Employer	· 	(212)269-2474 4c. Fax No.	(212)269-2474 4d. e-Mail
3. Name of Employer Harvard Maintenance		(212)269-2474 4c. Fax No. 6. Employer represer	(212)269-2474 4d. e-Mail
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code)	38	(212)269-2474 4c. Fax No. 6. Employer represer Julianina Perdo	(212)269-2474  4d. e-Mail  Intefive to contact
3. Name of Employer Harvard Maintenance  5. Location of Plant involved ( <i>street, city, state, and ZIP code</i> )  50 Maiden Lane, 17th Floor, New York, NY 1003	38 Principal produc	(212)269-2474 4c. Fax No. 6. Employer represer Julianina Perdo	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe
3. Name of Employer Harvard Maintenance  5. Location of Plant involved ( <i>street, city, state, and ZIP code</i> ) 59 Maiden Lane, 17th Floor, New York, NY 1003 7. Type of Establishment ( <i>factory, mine, wholesaler</i> )  8.	Principal produc	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo	(212)269-2474  4d. e-Mail  Intetive to contact da  9. Number of Workers employee 100+
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler)  6. Cleaning Services	38	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003 7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filing charge	Principal produc	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo	(212)269-2474  4d. e-Mail  Itative to contact da  9. Number of Workers employe 100+ 11b. Cell No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler)  6. Cleaning Services	Principal produc	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a, Tel, No. (b) (6), (b) (7)(C	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003 7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filing charge	Principal produc	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo at or service ng 11a, Tel, No.	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services  10 Full name of party filing charge (b) (6), (b) (7)(C)	38 Principal produc Office Cleanii	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a, Tel, No. (b) (6), (b) (7)(C	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.
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3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10. Full name of party filling charge (b) (6). (b) (7)(C)	38 Principal produc Office Cleanii ode)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filling charge (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)	38 Principal produc Office Cleanin	(212)269-2474 4c. Fax No.  6. Employer represer  Julianna Perdo  tor service  ng  11a, Tel, No.  (b) (6), (b) (7)(C)  11c. Fax No.	(212)269-2474  4d. e-Mail  Interive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)
Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code)  59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler)  Cleaning Services  10 Full name of party filling charge  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)	38 Principal produc Office Cleanin	(212)269-2474 4c. Fax No.  6. Employer represer  Julianna Perdo  tor service  ng  11a, Tel, No.  (b) (6), (b) (7)(C)  11c. Fax No.	(212)269-2474  4d. e-Mail  Interive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10. Full name of party filling charge (b) (6). (b) (7)(C)	38 Principal produc Office Cleanin	(212)269-2474 4c. Fax No.  6. Employer represer  Julianna Perdo  tor service  ng  11a, Tel, No.  (b) (6), (b) (7)(C)  11c. Fax No.	(212)269-2474  4d. e-Mail  Interive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filing charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that	38 Principal produc Office Cleanin	(212)269-2474 4c. Fax No.  6. Employer represer  Julianna Perdo  tor service  ng  11a, Tel, No.  (b) (6), (b) (7)(C)  11c. Fax No.	(212)269-2474  4d. e-Mail  Interive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10. Full name of party filling charge (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)	Principal product Office Cleanin  code)  12. DECLARA at the statement	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief.  Tel No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filing charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filling charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that  (b) (6), (b) (7)(C)  By:	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003 7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filing charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and tha	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntetive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief. Tel No.  (b) (6), (b) (7)(C)  f any Cell No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filling charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that  (b) (6), (b) (7)(C)  By:	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003 7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filling charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that (b) (6), (b) (7)(C)  By:  (sign  presentative or person making charge)	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  ntative to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  te best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)  fany Cell No.  Fax No.
3. Name of Employer Harvard Maintenance  5. Location of Plant involved (street, city, state, and ZIP code) 59 Maiden Lane, 17th Floor, New York, NY 1003  7. Type of Establishment (factory, mine, wholesaler) Cleaning Services 10 Full name of party filling charge (b) (6), (b) (7)(C)  I declare that I have read the above charge and that  (b) (6), (b) (7)(C)  By:	Principal product Office Cleaning code)  12. DECLARA at the statement (b) (6), (b)	(212)269-2474 4c. Fax No. 6. Employer represer Julianna Perdo et or service ng 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	(212)269-2474  4d. e-Mail  Interive to contact  da  9. Number of Workers employe 100+ 11b. Cell No.  11d e-Mail (b) (6), (b) (7)(C)  Tel No.  (b) (6), (b) (7)(C)  f any  Cell No.  Fax No.

WILLPUL 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						
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	02-CB-266463	0a/16/2020						
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.								
LABOR ORGANIZATION OR ITS AGENTS								
a. Name	<ul> <li>b. Union Representative</li> </ul>	to Contact						
Local 32BJ, SEIU	Lyle Rowen							
	Associate Genera	l Counsel						
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						
<ul> <li>h. The above-named labor organization or its agents have engaged in and 8(b)(1)A) of the National Labor Relations Act, and these unfair labor product, or are unfair practices affecting commerce within the meaning of the Charge (set forth a clear and concise statement of the facts).</li> </ul>	actices are unfair practices affective Act and the Postal Reorganizes constituting the alleged unfair it	ting commerce within the meaning of thation Act.  abor practices)						
Since about (b) (6), (b) (7)(C) 2020, the above-named labor of exercise of rights protected by Section 7 of the Act by refu	-							
the failure of the Employer to recall back to work in ord								
bad faith.	•							
Building Location : 40 Wall Street, NYC								
7		-7000-						

3. Name of Employer	4a. Tel. No.	4b. Cell No.								
40 Wall Street Commercial LLC	(917) 842-8241	(917) 842-8241								
		4c. Fax No.	4d. e-Mail							
		Andrea.Sawyers@trumpor								
A A STATE OF THE S			g. com							
5. Location of Plant involved (street, city, state, and ZIP	code)	Employer representative to contact								
40 Wall Street, New York, NY 10005		Andrea Sawyers Human Resource								
		Representative	Y 100-							
<ol><li>Type of Establishment (factory, mine, wholesaler)</li></ol>	8. Principal produc	t or service	9. Number of Workers employed							
Commercial Building	Maintenance		28							
10. Full name of party filing charge		11a. Tel. No.	11b. Çell No.							
(b) (6), (b) (7)(C)		ì	(b) (6), (b) (7)(C)							
		11c. Fax No.	11d e-Mail							
		TIC. Pax NO.	(b) (6), (b) (7)(C)							
7-7-7809	35396566									
11. Address of party filing charge (street, city, state, and	ZIP code)	Man Man A								
(b) (6), (b) (7)(C)										
	12. DECLARA	TION								
I declare that I have read the above charge an	d that the statements	therein are true to the I	est of my knowledge and belief.							
(b) (6), (b) (7)(C)			Tel No.							
(6) (6), (6) (1),(6)										
By:										
1	(b) (6), (b) (7)(0	The state of the s								
(signature of re	Print/type nar	me and title or office, if an	· 1							
			(b) (6), (b) (7)(C)							
Address:		Date:	Fax No.							
(b) (6), (b) (7)(C)		an / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	λ							
		09/15/20	e Mail							
			(b) (6), (b) (7)(C)							

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

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

NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processos.

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

#### FORM EXEMPT LINDER 44 LLS C 3512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

	TOTAL EXEMIT TOTALER 44 0.0.0 0012							
DO NOT WRITE IN THIS SPACE								
Case	Date Filed							
02-CB-266635	9-7-20							

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.			
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT				
a. Name		b. Union Rep	resentative	to contact			
SAG-AFTRA New York		N/A N/A					
	Title: N/A						
A.I. (0) 1 7 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1		d Tal Na		o Coll No			
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (212) 944-10	ารถ	e. Cell No.			
1900 Broadway, 5th Floor			J30	g o Mail			
NY New York 10023		f. Fax No.		g. e-Mail			
				newyork@sagaftra.org			
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in un	fair labor prac	tices within t	he meaning of section 8(b),			
subsection(s) (list subsections) (1)(A)	of the Nation	onal Labor Rel	ations Act, a	and these unfair labor practices			
are unfair practices affecting commerce within the meaning of the Ameaning of the Act and the Postal Reorganization Act.	ct, or these untair labor practi	ces are untair	practices an	recting commerce within the			
Basis of the Charge (set forth a clear and concise statement of the	facts constituting the allege	d unfair labor i	aracticon)				
2. Dasis of the Charge (set forth a clear and concise statement of the	e racis consuluing the alleged	и иттан тарог р	Jractic <del>e</del> s)				
See additional page							
ood additional page							
3. Name of Employer		4a. Tel. No.		b. Cell No.			
Various Employers							
		c. Fax No.		d. e-Mail			
Location of plant involved (street, city, state and ZIP code)			6 Employ	J eyer representative to contact			
			O. Limploy	or representative to contact			
N/A NY New York 10023-			Title:				
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed			
			<u>                                     </u>				
10. Full name of party filing charge		11a. Tel. No		b. Cell No.			
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)			
(b) (c), (b) (1)(c)		c. Fax No.		d. e-Mail			
44 Address of mark Sline above (stantaits at the state and 710 and a)				(b) (6), (b) (7)(C)			
11. Address of party filing charge (street, city, state and ZIP code.)	1						
(b) (6), (b) (7)(C)							
12. DECLARATION		Tel.	No				
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)			
By (b) (6), (b) (7)(C)	o) (6), (b) (7)(C)	Cell					
	name and title or office, if any	<u>/)</u>	(b) (6), (b	b) (7)(C)			
2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title:	Fax	No.				
(b) (c) (b) (7)(c)							
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		e-M		/b) /7\/O\			
Address (b) (b) (7)(C)	(date) 09/7/2020	12:10:03	(b) (b)	, (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

## 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.

FORM EXEMPT UNDER 44 U S C 3819

FORM /(LRB-508 (#19)

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

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													ed				
				2€										0			

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region	r in which the alleged untail lab	or practice occurred o	r is occurring	
INSTRUCTIONS: File on original with NLRB Regional Director on the region 1. LABOR ORGANIZATION OF ITS AGE	NTS AGAINST WHICH CHARL	E IS BROUGHT E Union Representa	tive to contact	
a. Name 22BJ SEIU		Kyla Bragg, Presi	and the same of th	
c. Address (Street city, state, and ZIP code) 25 West 18th Street New York, NY 10011		d, Tet. No 212-388-3800 f Fax, No g e-mail	a. Call No	
h. The above named labor organization has engaged ut and is engaging in	unfair labor practices within th	e meaning of section	B(b) and (let subsections)	1
(1)(A) precioes are practices affecting commerce within the meaning of the Ac	of the Nation of the Nation of these unter labor practice	nmi Labor ixelations i a affecting commerce	act, and these unfair labor within the meaning of	
and Provided Company (professional Cost		the continue to		+
2. Basis of the Charge (set forth a clear and concess statement of the facts.  Since on or about fully 10, 2020, the above-named labor organiza grievance of (b) (b) (b) (7)(C) exarding suspension for reasons.	tion, by its officers, agents	and representative	g failed to process the	
grievance of (b) (6), (b) (7)(C) egarding suspension for reasons	that arbitrary, discriminato	A Of Officiantse con		
Work location. Cross County Shopping Center 8000 Mail Walk	Yonkers, NY			1
3 Name of Employer	4s Tel No. (2/12) 466-1965	b. Cell No.	e. Fax No.	
Allied Universal Security Services	di e-mati			
5. Location of plant involved (street, city, state and Z <sup>(p)</sup> code)			sentative to contact	
229 West 36th Street 31th Floor		Lisa Zeppetelli Human Resour		
New York, NY 10038	entify principal product or serv	ra SN	umber of workers employed	
	ainty services		нох 25	_
(0) Full name of party filting charge (b) (6), (b) (7)(C)				
11. Adaress of party filing change (street, city, water and ZIP code)	(b) (6), (b) (7)(C)	h Cell No (b) (6), (b) (7)	(C)	
(b) (6), (b) (7)(C)	d e-mail		1	$\neg$
(b) (6) (b) (7)(C) 12 DECLARATION	<u> </u>	Tot. 3	•	
(b) (6), (b) (7)(C) 12 DECLARATION (b) (6), (b) (7)(C) 1 my knowledge at	tial the statements ad belief.		as above	
ŢĹ	) (6), (b) (7)(C) <sub>환경</sub> (처럼(서선)(2	Cetti Sami	‡as above so	
(b) (6), (b) (7)(C)	Atype name and fille or office. If a	Py) Fax	No.	
Societies Science Control of the Con	9/24	120 100	id	
		7-42-55		

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

Sometation of the information on this form is guittorized by the National Later Residens Act (N.RA). TRUE C. § 151 of see: The principal was of the information as to assess the National Later Relations Board (NS.PB) in processing unlaw later processing proceedings or abgedien. The relation uses for the information are fully set forth in the Federal Register. 75 Fed. Reg. 74342.43 (Sec. 13, 2006). The NSPB will further explain these view upon reduces. Obsciouse of this information to the NSPB is voluntary, however, follow to supply the information may cause the KLPB to decline to processes.

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

	TOTAL EXEMIT TOTALETT TO CO.O.O.O.O.		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
02-CB-266837	9-23-20		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative t	to contact
UWUA LOCAL 1-2		Frank Mor	ales	
		Title: Senio	or Business	Agent
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	VEO.	e. Cell No.
5 West 37th Street, 7th floor		(212) 575-38 f. Fax No.	352	(347) 374-0126 g. e-Mail
NY New York 10018		(212) 575-38	52	frank.morales@uwua1-2.org
		` '		
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 Ad	of the Natio	onal Labor Rel	ations Act, a	nd these unfair labor practices
meaning of the Act and the Postal Reorganization Act.	- F1	l		
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	ractices)	
See additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
Consolidated Edison Company of New York		(800) 752-6633 c. Fax No.		d - M-3
		C. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)				er representative to contact
4 Irving PI				nd- Hudson nan Resources
NY New York 10001			Tiue. Huii	idil Resources
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service		r of workers employed
Utilities	Electric/Gas		14000	
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)( c. Fax No.	0)	(b) (6), (b) (7)(C) d. e-Mail
		C. Tax NO.		(b) (6), (b) (7)(C)
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 belie	f.	No. (b) (6), (b	o) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell		
	name and title or office, if any		(b) (6), (b	) (/)(C)
(b) (6), (b) (7)(C)	Title:	Fax		
	00.00.000	e-M		(b) (7)(C)
Address	(date)_09/23/202	U 14.14.5/	(b) (d)	, (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

### 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.

### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

	TOTAL EXEMIT TOTAL ETT TO CO. C.			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-CB-266912	9-18-20			

1. LABOR ORGANIZATION OR ITS				ed or is occurring.
	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
Special and Superior officers benevolent association union		Ron Fedriz	zzi	
		Title: Unio	n Preseident	t
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	140	e. Cell No.
199 N. Wellwood Ave. Lindenhurst, NY 11757		(631) 587-91 f. Fax No.	10	(631) 587-9116 g. e-Mail
NY new york 11757		I. Fax No.		ron@ssoba.com
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (3), (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor ı	oractices)	
	racio conculating and amoget			
See additional page				
		4a. Tel. No.		
Name of Employer				h Call No
Mount Cinci Hoopital			13	b. Cell No.
Mount Sinai Hospital		(212) 523-75 c. Fax No.		d. e-Mail
Mount Sinai Hospital		(212) 523-75		
•		(212) 523-75		d. e-Mail (b) (6), (b) (7)(C)
Location of plant involved (street, city, state and ZIP code)		(212) 523-75		d. e-Mail
•		(212) 523-75		d. e-Mail (b) (6), (b) (7)(C) rer representative to contact
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE	Identify principal product	(212) 523-75 c. Fax No.	6. Employ	d. e-Mail (b) (6), (b) (7)(C) rer representative to contact
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019	Identify principal product	(212) 523-75 c. Fax No.	6. Employ	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare	Identify principal product	(212) 523-75 c. Fax No.	6. Employ Title: Sect 9. Numbe	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare  10. Full name of party filing charge	Identify principal product	(212) 523-75 c. Fax No.	6. Employ Title: Sect 9. Numbe 60	d. e-Mail (b) (6), (b) (7)(C)  er representative to contact  urity  er of workers employed
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare	8. Identify principal product	(212) 523-75 c. Fax No.	6. Employ Title: Sect 9. Numbe 60	d. e-Mail (b) (6), (b) (7)(C)  er representative to contact  urity er of workers employed  b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare  10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	(212) 523-75 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7)(	6. Employ Title: Sect 9. Numbe 60	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  or of workers employed  b. Cell No. (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare  10. Full name of party filing charge	8. Identify principal product	(212) 523-75 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7)(	6. Employ Title: Sect 9. Numbe 60	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C)  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 belie	(212) 523-75 c. Fax No.  or service  11a. Tel. No (b) (6), (b) (7)( c. Fax No.	6. Employ Title: Sect 9. Numbe 60 C)	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  or of workers employed  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code)  1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare  10. Full name of party filing charge (b) (6), (b) (7)(C)  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  By (b) (6), (b) (7)(C)	the best of my knowledge and belie	(212) 523-75 c. Fax No.  or service  11a. Tel. No. (b) (6), (b) (7)( c. Fax No.	6. Employ Title: Sect 9. Numbe 60 (b) (6), (b)	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code)  1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare  10. Full name of party filing charge (b) (6), (b) (7)(C)  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  By (b) (6), (b) (7)(C)	the best of my knowledge and belie ) (6), (b) (7)(C)  name and title or office, if any	(212) 523-75 c. Fax No.  or service  11a. Tel. No. (b) (6), (b) (7)( c. Fax No.	6. Employ Title: Sect 9. Numbe 60 C) No. (b) (6), (b)	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code)  1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare  10. Full name of party filing charge  (b) (6), (b) (7)(C)  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 By (b) (6), (b) (7)(C)  (c) (Frint/type)	the best of my knowledge and belie	(212) 523-75 c. Fax No.  or service  11a. Tel. No. (b) (6), (b) (7)( c. Fax No.  Tel. f.  Cell	6. Employ Title: Sect 9. Numbe 60 C) No. (b) (6), (b) No.	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  b. Cell No. (b) (6), (b) (7)(C)  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code)  1000 10th AVE NY new york 10019  7. Type of establishment (factory, mine, wholesaler, etc.)  Healthcare  10. Full name of party filing charge (b) (6), (b) (7)(C)  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  By (b) (6), (b) (7)(C)	the best of my knowledge and belie ) (6), (b) (7)(C)  name and title or office, if any	(212) 523-75 c. Fax No.  or service  11a. Tel. No (b) (6), (b) (7)( c. Fax No.  Tel. f.  Cell //	6. Employ Title: Sect 9. Numbe 60 C) No. (b) (6), (b) No. (b) (6), (b) No.	d. e-Mail (b) (6), (b) (7)(C)  rer representative to contact  urity  b. Cell No. (b) (6), (b) (7)(C)  d. 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

### 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.

### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

NATIONAL NEWS II

ALNEWSII PAGE 01

FORM NLRB-508 (4-19)

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

2014189898

DO NOT WRITE IN THIS SPACE			
Case 02-CB-266947	Date Filed 9-28-20		

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 IT	S AGENTS A	GAINST WHICH CHARG	E IS BROUG		
a. Name Local 32BJ SEIU			b. Union Re	presentative	to contact General Counsel
c. Address (Street, city, state, and ZIP code)  25 Wast 19th Street, New York, NY, 10011			d, Tel, No. 212-388-34	452	e. Cell No.
25 West 18th Street, New York, NY 10011			f. Fax. No.		
			g. e-mail lrowen@se	eiu32bj.org	
<ul> <li>h. The above-named labor organization has engaged in and is engaged (1)(A)</li> <li>practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> </ul>		of the Nation	nal Labor Rel	lations Act, a	nd these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the On or about 2020, and continuing to date, the above discontinued the insurance of its member 2020.  Work location: 300 Madison Avenue, NY, NY 10017.	e-named lab	oor organization, by its	officers, ag	gents, and re	epresentatives ischarge of
3. Name of Employer 4a. Tel. No. 212-730-0001			b. Cell No. c. Fax No.		c. Fax No.
Harvard Maintenance		d. e-mạil			
5. Location of plant involved (street, city, state and ZIP code) 59 Maiden Lane, New York, NY 10038			6. Employer Toni Spina Officer	representati azolla, Chie	ive to contact If Human Resource
7. Type of establishment (factory, mine, wholesaler, etc.) Building Maintenance	8. Identify p Cleaning a	rincipal product or service and Building Maintena	nce	9. Number of 50	of workers employed
b)(6), (b) (7)(C)f party filing charge					1198-16
(b) (6), (b) (7)(C)			(b) (6), (b) (	7)(C)	c. Fax No.
<u> </u>		(b) (6), (b) (7)(C	(1)		
(b) (6), (b) (7)(C) I declare that I have read the above charge are true to the best of my knowled	and that the : ige and belief	f,		el. No.	
(signature one)	(b) (6), (b)	An individual	—⊶ <u> </u>	cell No. ) (6), (b) (7)( ax No.	C)
(b) (6) (b) (7)(C)		Date 9-11-2			
Address (b) (6), (b) (7)(C)		Date		) (b), (b	o) (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	) "	Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION AGENTS	AINST LABOR ORGANIZATION OR ITS		09/25/2020		
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.		<u> </u>			
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BR			
a. Name		b. Union Representative to	Contact		
Local 32BJ SEIU		Johnny Herrera			
1		Union Delegate			
c. Address		d. Tel. No.	e.e. Cell No.		
25 West 18th Street, New York, NY 10011		(212)388-3800	(929)246-7531		
		f. Fax No.	g. e-Mail		
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 2. Basis of the Charge (set forth a clear and concise state).	ns Act, and these unfo commerce within the	air labor practices are unfair p meaning of the Act and the l	practices affecting commerce within Postal Reorganization Act.		
j '		T *	•		
Since a date within the past six months, the a		-			
employees in the exercise of rights protected					
Industries employees(b) (6), (b) (7)(C) regarding	ng <sup>orone</sup> excessive	work load for arbitrary o	or discriminatory reasons or in		
bad faith.	_	•	•		
3. Name of Employer		4a. Tel. No.	4b. Cell No.		
ABM Industries					
		4c. Fax No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP or	ode)	6. Employer representative to contact			
One Levy Plaza, 7th FL., New York, NY 1000	)6	Richard Kolb Human Resources Manager			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		Number of Workers employed		
Building maintenance company		tenance services	42		
		11a. Tel. No.	11b. Cell No.		
10 Full name of party filing charge (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 Z	(P code)				
(b) (6), (b) (7)(C)					
	12. DEÇLARAT	TON			
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.		
By:	(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)		
(signature of representative or person mesons charge)		An Individual ne and title or office, if any	Cell No.		
(agrana or representative or person metong dialge)	- Indivige har	and une or order, if any	Jei Nu.		
(b) (6), (b) (7)(C)		Date:	Fax No.		
$(\mathbf{o})$ $(\mathbf{o})$ , $(\mathbf{o})$ $(\mathbf{f})$			e-Mail		
		424/2000	(b) (6), (b) (7)(C)		
<u> </u>					

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 WI	RITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD		Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS		02-CB-266984	9-25-20		
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.					
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO	DUGHT		
a. Name		<ul> <li>b. Union Representative to Johnny Herrera</li> </ul>	Contact		
Local 32BJ SEIU		Union Delegate			
		Union Delegate			
c. Address		d, Tel. No.	e.e. Cell No.		
25 West 18th Street, New York, NY 10011		(212)388-3800	(929)246-7531		
		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	os Acti and these unit	air labor bractices are untair c	ractices affecting commerce within		
Basis of the Charge (set forth a clear and concise state	ment of the facts con-	stituting the alleged unfair lab	or practices)		
Since about September 14, 2020, the above-	named labor oroa	anization has restrained	and coerced employees in		
the exercise of rights protected by Section 7	of the Act by refu	sing to process the grie	vance of employee		
regarding the unfair layoff or	of the Act by left	sing to process the give	e or in had faith		
regarding the unfair layoff or coword	kers for aroltrary (	or discriminatory reason	is of all pad latel.		
Name of Employer		4a. Tel. No.	4b. Cell No.		
Harvard Maintenance Inc.			4d. e-Mail		
		4c. Fax No.	4d. e-wali		
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact		
59 Maiden Lane, 17th Floor, New York, NY		Toni Spiazolla, Chief Human Resource Officer			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc		9. Number of Workers employed		
1		tenance services	42		
Building Maintenance company	Donali g main	11a. Tel. No.	11b. Cell No.		
10. Full name of party filing charge (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			
\$		11c. Fax No.	11d e-Maîl (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)	(IP code)				
	12. DECLARA	rion			
I declare that I have read the above charge and	I that the statements	therein are true to the bes	t of my knowledge and belief.		
	The state of the s	THE PERSON NAMED IN THE PERSON NAMED IN	Tel No.		
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)					
Pour	(b) (c) (b) (7)	70)	(b) (6) (b) (7)(C)		
By: (b) (6), (b) (7)		An individual	(b) (6), (b) (7)(C)		
(signature of representative or per	Print/type na	me and title or office, if any	Cell No.		
(b) (6), (b) (7)(C)		Date:	Fax No.		
(b) (b), (b) (7)(C)		01	e-Me <sup>+</sup>		
:		19/24/202	(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

### FORM EXEMPT LINDER 44 LLS C 3512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

	TORM EXEMIT FORDER 44 0.0.0 3312		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
02-CB-267008	9-18-20		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
Local Union 147		Richard Fi	tzsimmons	
		Title: Busir	ness Manag	er
		Dusii	1033 Mariag	oi.
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
, , , , , , , , , , , , , , , , , , , ,		(718) 994-66	664	
4332 Katonah Ave NY Bronx 10470-		f. Fax No.		g. e-Mail
III DIGITA 10-10-				rfitzsimmons@liuna org
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	fair labor prac	tices within t	he meaning of section 8(b)
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ameaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices aff	fecting commerce within the
	o footo constituting the allege	d unfair labor r	rootioool	
Basis of the Charge (set forth a clear and concise statement of the	e racis consuluing ine alleged	и итпан тавог р	oractices)	
See additional page				
1 0				
		4- T-LN-		- O-IIN-
3. Name of Employer		4a. Tel. No.		b. Cell No.
Various Employers		c. Fax No.		d. e-Mail
		C. Tax No.		u. C-Muli
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
			T-11	
			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
Construction	Tunnel			
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail
				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (street, city, state and ZIP code.)	,			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the heat of my knowledge and helio	Tel.	No. (b) (6), (b	) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell		//(T/(O)
Dy	name and title or office, if any		(b) (6), (b	) (7)(C)
(PIMILISPE	Title:	// Fax		
(b) (6), (b) (7)(C)	Hue.			
		e-M		/b) /7)/C)
Address ———————————————————————————————————	(date)_ <sup>09/18/202</sup>	U 21:46:40	(b) (b)	, (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

## 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 threatening to retaliate against employees if they did not join or support the union.

Name of the Union Agent/Representative who made the threat	Date the threats were made
Richard Fitzsimmons	July 13th 2020

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				
02-CD-266753	9-28-20				

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 IT	S AGENTS A	AGAINST WHICH CHARG	SE IS BRO	UGHT			
a. Name Local 28 Sheet Metal Workers			b. Union Representative to contact Eric Meslin				
c. Address (Street, city, state, and ZIP code) 500 Greenwich Street New York, NY 10013		d. Tel. No 212-941		e. Cell No. unknown			
		f. Fax. No. 212-226-0304					
			g. e-mail emeslin@local28union.com				
h. The above-named labor organization has engaged in and is enga	iging in unfair	labor practices within the	meaning	of section 8(b)	and (list subsections)		
8(b)(4)(d)		of the Nation	nal Labor F	Relations Act, a	nd these unfair labor		
practices are practices affecting commerce within the meaning of	the Act, or th	ese unfair labor practices	affecting	commerce with	n the meaning of		
the Act and the Postal Reorganization Act.							
Local 580 Ironworkers and Local 28 Sheetmetal Workers are 250 East 229th St., Bronx, NY 10466 claiming they each has Ironworkers claim they have the right to perform the work as is told if the work is not awarded to the Sheet Metal Worker and the Unions are unwilling to resolve the dispute so we are	we jurisdict at the site. T as they will	ion to perform the wor The Employer has a bas shut down the job in v	k on the 'rgaining i	Wall Panels a elationship w	t the site. The with both parties and		
3. Name of Employer The Jobin Organization, Inc. c/o		4a. Tel. No. 631-694-2111	b. Cell No. 516-639-1813		c. Fax No. 631-694-2115		
35 Gilpin Avenue Hauppauge, NY 11788	Gilpin Avenue auppauge, NY 11788  d. e-mail jrc@jobin.biz						
5. Location of plant involved (street, city, state and ZIP code) NE Bronx YMCA 250 East 229th St Bronx, NY 10466			6. Employer representative to contact David Weissman, Esq. & Rachel King, Esq dweissman@eckertseamans.com rking@eckertseamans.com				
7. Type of establishment (factory, mine, wholesaler, etc.) Construction	8. Identify po Metal Wal	rincipal product or service l Panels	pal product or service 9. Number of workers employed 150+		of workers employed		
10. Full name of party filing charge The Jobin Organization							
11. Address of party filing charge (street, city, state and ZIP code) 35 Gilpin Avenue Hauppauge, NY 11788		11a. Tel. No. (631) 694-2111	b. Cell No. (516) 639-1813 c. Fax No. (631) 694-21		c. Fax No. (631) 694-2115		
d. e-mail jrc@jobin.biz							
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. 215-851-6623			
	Counsel for The Jobin Organization, In			Cell No. 202-422-0224			
(signature of representative or person making charge)	(Print/type name and title or office, if any)			Fax No. 215-851-8883			
Address 50. S16th Street, Philadelphia, PA 19102	Date Sep 28, 2020			e-mail rking@eckertseamans.com			

# 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 (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				
02-CD-266783	9-28-20				

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 O	OR ITS AGENTS A	AGAINST WHICH CHARG	SE IS BRO	UGHT		
a. Name Local 580 Ironworkers			b. Union Representative to contact Peter Myers			
c. Address (Street, city, state, and ZIP code) 501 West 42nd Street			d. Tel. No 212-594		e. Cell No. unknown	
New York, NY 10036			f. Fax. No 212-947-			
			g. e-mail PMyers@local-580.com			
h. The above-named labor organization has engaged in and is	engaging in unfair	r labor practices within the	meaning	of section 8(b)	and (list subsections)	
8(b)(4)(d)		of the Natio	nal Labor F	Relations Act, a	nd these unfair labor	
practices are practices affecting commerce within the meani	ng of the Act, or th	nese unfair labor practices	affecting	commerce with	in the meaning of	
the Act and the Postal Reorganization Act.						
250 East 229th St., Bronx, NY 10466 claiming they ead Ironworkers claim they have the right to perform the w is told if the work is not awarded to the Sheet Metal Wo and the Unions are unwilling to resolve the dispute so w	ork at the site. I orkers they will	The Employer has a ba shut down the job in v	rgaining r	elationship w	ith both parties and	
3. Name of Employer The Jobin Organization, Inc. c/o		4a. Tel. No. 631-694-2111	b. Cell No. 516-639-1813		c. Fax No. 631-694-2115	
35 Gilpin Avenue Hauppauge, NY 11788		d. e-mail jrc@jobin.biz				
5. Location of plant involved (street, city, state and ZIP code) NE Bronx YMCA 250 East 229th St Bronx, NY 10466			6. Employer representative to contact David Weissman, Esq. & Rachel King, Esq dweissman@eckertseamans.com rking@eckertseamans.com			
7. Type of establishment (factory, mine, wholesaler, etc.) Construction	8. Identify p Metal Wal	rincipal product or service Il Panels	roduct or service 9. Number of workers employed 150+		of workers employed	
10. Full name of party filing charge The Jobin Organization, Inc.	'					
11. Address of party filing charge (street, city, state and ZIP code) 35 Gilpin Avenue Hauppauge, NY 11788		11a. Tel. No. (631) 694-2111	b. Cell No. (516) 639-1813 c. Fax No. (631) 694-2115		c. Fax No. (631) 694-2115	
		d. e-mail jrc@jobin.biz				
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. 215-851-6623			
Rachel King, Esq.	Counsel for The Jobin Organization, In			Cell No. 202-422-0224		
(signature of representative or person making charge)	(Print/type name and title or office, if any)			Fax No. 215-851-8883		
Address 50. S16th Street, Philadelphia, PA 19102	2 Date Sep 28, 2020			e-mail rking@eckertseamans.com		

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