FORM EXEMPT UNDER 44 U.S.C 3512

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

	FORM EXEMPT UNDER 44 0.3.0 3312	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
22-CB-230773	NOV 9, 2018	

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.					
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT		
a. Name			b. Union Representative to contact		
Local 10 American Postal Workers Union		Jonathon Smith			
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.	
350 W 34th St, 3rd Floor, New York, NY 10001-2401		212-563-7	7553		
555 VV 5441 St, 514 V 1551, 1VCW 1511, 1V1 15551 2451		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 Act and the Postal Reorganization Act.	of the Natio	onal Labor Re	lations 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 alleged	d unfair labor	oractices)	-	
Since about (6) (6), (6) (7)(C) 2018, the above-named labor org				(b) (7)(C) in the exercise	
of Section 7 rights by refusing to process 2nd 2nd Ste					
bad faith.	spradolo z gnovanos io	, and and	01 410011111	matery reacons or m	
bad faith.					
O Name of Frances		4a. Tel. No.		b. Cell No.	
3. Name of Employer		14a. 10i. 140.		b. Con No.	
Unites States Postal Service		c. Fax No.		d. e-Mail	
		İ			
			1		
5. Location of plant involved (street, city, state and ZIP code) 850 Newark Turnpike, Kearny, NJ 07099-9421				yer representative to contact / Gonella	
050 Newark Tumpike, Reality, No 07099-9421			1 '		
To the state of th			<u> </u>	ortation Director	
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	1	er of workers employed	
Mail Carrier	Mail		200+		
10. Full name of party filing charge		11a. Tel. No),	b. Cell No.	
(b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)	
		c. Fax No.		d. e-Mail	
11. Address of party filing charge (street, city, state and ZIP code.)		1		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)					
DECLARATION Address to the second	the best of my knowledge and belie		. No.		
	the best of my knowledge and belie	-	No.		
By (b) (6), (b) (_ '		(b) (7)(C)	
(s king charge) (Print/type	name and title or office, if an		No.		
		""			
(b) (6), (b) (7)(C)				(b) (7)(C)	
Address	(date) 11/09	/18	(-)		
	, ,				

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

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

FORM EXEMPT UNDER 44 U.S.C 3512

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

Date Filed Case 22-CB-2

	, Date i lieu
31012	NOV 13, 2018

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: File an original with NLRR Regional Dir

a. Name UFCW, Local 312. c. Address (Street, city, state, and ZIP code) 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact Michael Russo d. Tel. No. 732-549-1010 f. Fax No. g. e-Mail	tices
UFOW, Local 312 Michael Russo Address (Street city state: and 718 code) C. Address (Street city state: and 718 code)	tices
UFOW, Local 312 Michael Russo Address (Street city state: and 718 code) C. Address (Street city state: and 718 code)	tices
c. Address (Street, city, state, and ZIP code) (OO S. WOOD AVENUE, ISP/IN. NT08830 f. Fax No. g. e-Mail	tices
[00 S. Wood Frence, Iselin, NT08830 F. Fax No. g. e-Mail	tices
, = 50,,	tices
h. 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) (list subsections) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	е
are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 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 the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the alleged unfair labor practices. Since on or about the facts constituting the facts constitution the fact	
3. Name of Employer 499 PINE BROOK Operating, LLC d/6 4a. Tel. No. 973-696-3300 C. Fax No. d. e-Mail	
5. Location of plant involved (street, city, state and ZIP code) 499 PineBrook Road, Lincoln Park, NT 07035-1804 Howard Wolf, Add	
7. Type of establishment (factory, mine, wholesaler, etc.) NUTSING HOME 8. Identify principal product or service 9. Number of workers employed NUTSING SEMICES 300 +	
10. Full name of party filing charge. (b) (6), (b) (7)(C) b. Cell No.	
c. Fax No. d. e-Mail	
(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	
are true to the best of my knowledge and belief. Tel. No Same a 5 1/a Cell No.	
Print/type name and title or office, if any) Cell No.	
Address	

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

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the NLRB to decline to invoke its processes.

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	
22-CB-231364	NOV 19, 2018	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged of	unfair labor practice occurred or is occurring.
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH	H CHARGE IS BROUGHT
a. Name	b. Union Representative to contact
Tomosless 10001 701	Ernie Soehl, ,
Teamsters Local 701	President.
	president
c. Address (Street, city, state, and ZIP code)	d. Tel. No.
203 Route 1305, Suite B	732-297-2701
	f. Fax No. g. e-Mail
North Brunswick, NU 08902	
	<u> </u>
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in u subsection(s) (list subsections) of the Nat	ntair labor practices within the meaning of section 8(b),
subsection(s) (list subsections) X(b)(1)(1) of the Nat are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices.	tices 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 allege	ed unfair labor practices)
Milhin a period in the Past six (6) mor	the above-named
100 100 100 100 100 100 100 100 100 100	nd representatives
Within a period in the Past Six (6) more labor organization, by its agents a has refused to process the Charging	in representatives,
1 Calle Diagram Mag Mangina	Partic grievance
has refused to process the charging	i raigs of the
regarding removal from job assign in	2004
regarding removal Trum jub assigning	rent.
ı	
	·
0.11	4a. Tel. No. , , , b. Cell No.
3. Name of Employer Industrial Welding Supply	732-721-1/50
maustrial victoring supply	c. Fax No. d. e-Mail
Ů	
5. Location of plant involved (street, city, state and ZIP code)	6. Employer representative to contact
4 Val. Street, Sayreville, N.) 08871	Scott Cusick, Vice President
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal produc	9. Number of workers employed
welding supply	15+
(b) (6), (b) (7)(C)	11a. Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(c) An Individual	
<i>, , , , , , , , , , , , , , , , , , , </i>	c. Fax No. (b) (6), (b) (7)(C)
(L) (A) (L) (Z)(A)	
(b) (6), (b) (7)(C)	
12. DECLARATIO(b) (6), (b) (7)(C) and that the statements therei	Tel. No.
I decl (b) (6), (b) (7)(C) and that the statements therei	lief.
An Individual	(b) (6), (b) (7)(C)
(Signature or person making charge) (Print Sign	ny) Fax No.
	-/9-/2(b) (6), (b) (7)(C)
Address See II (date)	-19-100,00,00,00,00
(date)	

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

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FORM EXEMPT UNDER 44 U.S.C 3512

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

OR ITS AGENTS

Case 22-CB-231428

DO NOT WRITE IN THIS SPACE Date Filed NOV 21, 2018

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged un	nfair labor pract	ice occurred	a or is occurring.	
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH	CHARGE IS BI	ROUGHT		
a. Name	b. Union Repre	esentative to	contact	
United Service Workers	Jorat	han.	Scott A	mes
Local 355	Presi	dent		
c. Address (Street, city, state, and ZIP code)	d. Tel. No. 7/8-658		e. Cell No.	
138-50 Queens Boulevard	f. Fax No.	7 10 10	g. e-Mail	
Briarwood, New York 11435				
are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practic meaning of the Act and the Postal Reorganization Act.	onal Labor Rela ces are unfair p	tions Act, ar ractices affe	ad thana unfair labo	tions
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged The Union is failing and refusing	unfair labor pr	actices)	a.	
THE VALUE IS FAILING AND TETOSIAS		(b) (6), (b) (7)(C)	
gricuance concerning the discharge	OT	,	(b) (6), (b)	(7)(C)
was terminate	101	a 60	4	
for being out on (b) (6), (b) (7)(C) for ove	· 12	WHE	els and	' {
will Lose book health insurance.				
2. Name of Employer	4a. Tel. No.		b. Cell No.	
3. Name of Employer	4a. Tel. No. 973-7 8	35- 43¢		
3. Name of Employer Brogan Cadillac	4a. Tel. No. 973-78 c. Fax No.	85- 43¢	b. Cell No.	
	973-78		×	
	973-78 c. Fax No.	-4042	×	o contact
Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code)	973-78 c. Fax No. 973-2%	6. Employ	d. e-Mail er representative to	
Brogan Cadillac	973-78 c. Fax No. 973-256	6. Employ	d. e-Mail	n
Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code) Route 46 East, Totowa, N.J. 079	973-78 c. Fax No. 973-256	6. Employ	d. e-Mail er representative to	n
Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 075 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 10. Full name of party filing charge	973-78 c. Fax No. 973-256 511 or service	6. Employ Chris	d. e-Mail er representative to STephal r of workers employ	yed
Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 075 7. Type of establishment (factory, mine, wholesaler, etc.) Acto Pealarship 8. Identify principal product	973-78 c. Fax No. 973-2% 511 or service	6. Employ Chris	d. e-Mail er representative to STephal r of workers employ (b) (6), (b) (7)(0)	yed
Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 075 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 10. Full name of party filing charge	973-78 c. Fax No. 973-256 511 or service	6. Employ Chris	d. e-Mail er representative to STephal r of workers employ	yed
5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.)	973-78 c. Fax No. 973-2% 511 or service	6. Employ Chris	d. e-Mail er representative to STephal r of workers employ (b) (6), (b) (7)(0)	yed
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Brogan Cadillac 5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Peularship 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 13. therein are true to the best of my knowledge and beling the control of the control of the control of the code.)	(b) (6), (b) (c. Fax No.	6. Employe Chrts 9. Numbe	d. e-Mail er representative to Stephal r of workers employ (b) (6), (b) (7)(0 d. e-Mail	yed
5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Peularship 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)	773 - 78 c. Fax No. 973 - 256 or service (b) (6), (b) c. Fax No.	6. Employs Chris 9. Numbe	d. e-Mail er representative to Stephal r of workers employ (b) (6), (b) (7)(0 d. e-Mail	yed
5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 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 s therein are true to the best of my knowledge and beling the state of the sta	773 - 78 c. Fax No. 973 - 256 or service (b) (6), (b) c. Fax No.	6. Employe Chrts 9. Numbe	d. e-Mail er representative to Stephal r of workers employ (b) (6), (b) (7)(0 d. e-Mail	yed
5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 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 s therein are true to the best of my knowledge and beling the state of the sta	773 - 78 c. Fax No. 973 - 256 or service (b) (6), (b) c. Fax No.	6. Employer Chris 9. Numbe	d. e-Mail er representative to Stephal r of workers employ (b) (6), (b) (7)(0 d. e-Mail	yed
5. Location of plant involved (street, city, state and ZIP code) Route 46 East Totowa, N.J. 079 7. Type of establishment (factory, mine, wholesaler, etc.) Auto Pealarship 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 s therein are true to the best of my knowledge and beling the state of the sta	(b) (6), (b) (c. Fax No. (b) (6), (b) (c. Fax No. Tel. (d) (d)	6. Employer Chris 9. Numbe	d. e-Mail er representative to Stephal r of workers employ (b) (6), (b) (7)(0 d. e-Mail	yed

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

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

the NLRB to decline to invoke its processes.

FORM NLR8-508 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATIONS

		FUNK EXEMPT UNDER 44 U.S.C 3572
DO NOT WRITE IN THIS SPACE		
	Case	Date Filed
	22-CB-231615	NOV 21, 2018

OR ITS AGENTS	22-CB-231615 NOV 21, 2018
INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the	a alleged unfair labor practice occurred or is occurring.
1. LABOR ORGANIZATION OR ITS AGENTS AGAINS	ST WHICH CHARGE IS BROUGHT
a. Name MAIL HANDLERS UNION	b. Union Representative to contact
LOCAL 300	(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
Change alle, date and 7/0 and all	. Tenny Flynn
c. Address (Street, city, state, and ZIP code)	d. Tel. No. / le. Cell No. / 20/- 653-/767
80 County Road	1. Fax No. (g. e-Mail(b) (6), (b) (7)(C)
JERSEY City, NJ 07097 - 9998	AICENSTINGE 300. GOM
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaged subsection(s) (iss subsections) are unfair practices affecting commerce within the meaning of the Act, or these unfair is meaning of the Act and the Postal Reorganization Act.	of the National Labor Relations Act, and these unfair labor practices abor practices affecting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	the alleged untain labor practices) LIATED ACAINST BY SOME EMPloyees
because of a postal police report i filed	on 118 and also complaints
of (b) (b) (7)(c) hangssment and unsate work	CAVIRON MENT PIANTS ACTUAL SO PRESE
so i literally had to mention i didnt even was written on (b) (6), (b) (7)(C) 2018. And i	get areason for the separtion in
Co ! lifeally had to mention acis and	al'Il bound selfon
was written on (0) (0), (b) (7)(c)	was sugared to be siled by
and not been filed.	
3. Name of Employer	4a. Tel. No. D. Cell No.
3. Name of Employer	4a. Tel. No. D. Cell No. 201-653-1767
3. Name of Employer	4a. Tel. No. D. Cell No. 201-653-1767
3. Name of Employer UNITED STATES ADSHA! SERVICE 5. Location of plant involved (street. city, state and ZIP code)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @ NJ INDC 300, COM 6. Employer representative to contact
3. Name of Employer UNITED STATES ADSHA! SERVICE 5. Location of plant involved (street. city, state and ZIP code)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @ NJ INDC 300, COM 6. Employer representative to contact
3. Name of Employer UNITED STATES ASHA! SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEG 070	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, COM COTESSEY A/ Conyers Voca/ 300 union President
3. Name of Employer WITTED STATES ASHA! SERVICE 5. Location of plant involved (street. city, state and ZIP code) 80 County Road JERSEY City, NEW 0705 7. Type of establishment (factory, mine, wholasafer, etc.) 8. Identify princip	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com CU JERSEY 6. Employer representative to contact AI Conyers 77-9998 1004 300 union President 101 product or service 9. Number of workers employed 10053100 Plant 1005 Sure 2000
3. Name of Employer WITTED STATES ASHA! SERVICE 5. Location of plant involved (street. city, state and ZIP code) 80 County Road JERSEY City, NEW 0705 7. Type of establishment (factory, mine, wholasafer, etc.) 8. Identify princip	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com CU JERSEY 6. Employer representative to contact AI Conyers 77-9998 1004 300 union President 101 product or service 9. Number of workers employed 10053100 Plant 1005 Sure 2000
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEW 7. Type of establishment (factory. mine, wholasafer, etc.) Distribution Center Factory Mine Page 10. Full name of party filing charge	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @NJINDC 300, Gom G. Employer representative to contact A/ Conyers 197-9998 1004/300 union fizes ident 101-101-101-101-101-101-101-101-101-10
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEW 7. Type of establishment (factory. mine, wholasaler, etc.) Distribution Center Factory Mail Proof	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com CU JERSEY 6. Employer representative to contact AI Conyers 77-9998 1004 300 union President 101 product or service 9. Number of workers employed 10053100 Plant 1005 Sure 2000
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEW 7. Type of establishment (factory. mine, wholasafer, etc.) Distribution Center Factory 10. Full name of party filing charge (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com COTESEY AI Conyers
3. Name of Employer WITED STATES ASHA! SERVICE 5. Location of plant involved (street. city, state and ZIP code) 80 County Road JERSEY City, NEG 7. Type of establishment (factory, mine, wholasafer, etc.) Distribution Center Factory 10. Full name of party filing charge (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com COTESEY AI Conyers
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. New 7. Type of establishment (factory. mine, wholasafer, etc.) Distribution Center Factory Mine Page 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address or party ming charge (street, city, state and zir code.) (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com 6. Employer representative to contact AI Conyers 107-9998 1004/300 union President 20153119 101510 1015
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEW 070'S 7. Type of establishment (factory. mine, wholasafer, etc.) 8. Identify princip Distribution Center Factory 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party mining charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. Address of party mining charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @NJINDC 300, Com CU JERSEY G. Employer representative to contact A/ Conyers Jocq/ 300 union President and product or service 9. Number of workers employed CSSing Plant Nof Sure 2000 (b) (6), (b) (7)(C) (c. Fax No. Tel. No. Tel. No.
3. Name of Employer UNITED STATES ADSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City. NEW 7. Type of establishment (factory. mine, wholasafer, etc.) Distribution Center Factory 10. Full name of party filing charge (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @NJINDC 300, Com CU JERSEY G. Employer representative to contact A/ Conyers Jocq/ 300 union President and product or service 9. Number of workers employed CSSing Plant Nof Sure 2000 (b) (6), (b) (7)(C) (c. Fax No. Tel. No. Tel. No.
3. Name of Employer (INITED STATES ASHA) SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road SERSEY City. New 7. Type of establishment (factory. mine, wholasafer, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party ming charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. Address of party ming charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) (c) (decimality that a dame and that the statements therein are true to the best of my knowled (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC GNJINDC 300, Com 6. Employer representative to contact AI Conyers 107-9998 1004/300 union President 20153119 101510 1015
3. Name of Employer WITED STATES POSTAL SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road JERSEY City, NEG 7. Type of establishment (factory. mine, wholasafer, etc.) 8. Identify princip Distribution Center Factory Mine Page (b) (6), (b) (7)(c) 11. Address of party filing charge (b) (6), (b) (7)(c) 12. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(c) (c) (decision by The Decision and the line statements therein are true to the best of my knowledge (b) (6), (b) (7)(c) (c) (decision by The Decision and the line statements therein are true to the best of my knowledge) (b) (6), (b) (7)(c)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC C NJINDC 300, Com 6. Employer representative to contact AICONYERS 1004 300 union President 201-653-1767 d. e-Mail AICONYERS 1004 300 union President 201-653-1767 201-653-1767 AICONYERS 201-653-1767 201-653-1767 AICONYERS 2000 (b) (6), (b) (7)(C) (c) Fax No. Cell No.
3. Name of Employer (INITED STATES ASHA) SERVICE 5. Location of plant involved (street. city. state and ZIP code) 80 County Road SERSEY City. New 7. Type of establishment (factory. mine, wholasafer, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party ming charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. Address of party ming charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) (c) (decimality that a dame and that the statements therein are true to the best of my knowled (b) (6), (b) (7)(C)	4a. Tel. No. 201-653-1767 c. Fax No. d. e-Mail AIC @NJINDC 300, Com A Conyers 47-9998 6. Employer representative to contact A Conyers 1004 300 union President 101 Service 9. Number of workers employed 102 Cell No. (b) (6), (b) (7)(C) (c. Fax No. (d. e-Mail (b) (6), (b) (7)(C) (e. Fax No. (c) Tel. No. (c) Tel. No. (c) Tel. No. (d. e-Mail (d. e

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 hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). 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

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	
22-CB-231639	NOV	27, 20	18

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

4 LAROR ORGANIZATION OR I	_ _				occurring.		
1. LABOR ORGANIZATION OR I a. Name	TS AGENTS A	AGAINST WHICH CHARG					
LOCAL 32BJ SERVICE EMPLOYEES INTERNATIONAL UNION				b. Union Representative to contact Rocio Perez, Grievance Representative			
c. Address (Street, city, state, and ZIP code) 570 Broad Street	· · · · · · ·		d. Tel. No. (973) 733-	-9760	e. Cell No.		
Newark, NJ 07102			f. Fax. No. (212) 388	2062			
	_		g. e-mail bgarren@	seiu32bj.org	3		
 h. The above-named labor organization has engaged in and is eng- (list subsections) (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	nd these unfair labor		
On or about (b) (6), (b) (7)(C) 2018, the above-named labor or regarding my seniority grievance.	rganziation h	nas failed to represent r	ne by not p	roviding an	y inofrmation to me		
3. Name of Employer		4a. Tel. No.	b. Cell No.		c. Fax No.		
Cushman & Wakefiled, Inc.		(201) 239-7180	(646) 634	-7179	N/A		
		d. e-mail N/A		_			
5. Location of plant involved (street, city, state and ZIP code) 480 Washington Boulvevard Jersey City, New Jersey 07300				representati etti, Superv	ve to contact risor		
7. Type of establishment (factory, mine, wholesaler, etc.) Industrial Cleaning	8. Identify po	rincipal product or service Services		9. Number of 35+	of 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. N/A	b. Cell No. (b) (6), (b)	(7)(C)	c. Fax No. N/A		
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(C)					
12. DECLARATION (b) (6), (b) (7)(C) Legistre that I have read the above charge my knowle	e and that the s edge and belief		N	el. No. I/A Cell No. ame as 11b			
(signature or representative or person making charge) (Print/type name and title or office, if any)		Fax No. N/A					
Same as 11 Address Date			e-mail Same as 11d				

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

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FORM NLRB-508 (6-18)

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

DO NOT WRITE	IN THIS SPACE
Case 22-CB-231652	Date Filed
22-CB-231652	Nov 27, 2018

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

1. LABOR ORGANIZATION OR I	TS AGENTS /	AGAINST WHICH CHAR	SE IS BROU	GHT		
a. Name Local 870 United Steel Workers			b. Union Representative to contact Riad Hussain, Union President			
c. Address (Street, city, state, and ZIP code) 1 Market St, Elmwood Park, NJ 07407					e. Cell No. (973) 800-2187	
			f. Fax. No. N/A			
			g. e-mail (b) (6), (b) (7)(C)			
 h. The above-named labor organization has engaged in and is eng (list subsections) (a) practices are 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 concise statement) 	of the Act, or th	of the Natio	nal Labor Re s affecting co	elations Act, ommerce wit	and these unfair labor	
On or about ^{(b) (6), (b) (7)(C)} 2018, the above-named labor org discriminatory reasons.	,			,B		
3. Name of Employer Marcal Paper Mills Inc		4a. Tel. No.	b. Cell No.		c. Fax No.	
		(201) 796-4000 d. e-mail N/A	N/A N/A			
5. Location of plant involved (street, city, state and ZIP code) 1 Market St, Elmwood Park, NJ 07407			6. Employer representative to contact Jack Zak, Supervisor			
7. Type of establishment (factory, mine, wholesaler, etc.) Factory	8. Identify p	orincipal product or servic	<u> </u>	9. Numbe 350	r of 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. N/A	b. Cell No		c. Fax No.	
) N/A	(N/A	
(b) (6), (b) (7)(C)		d. e-mail		1	N/A	
12. DECLARATIO	e and that the	d. e-mail (b) (6), (b) (7)(C)	Tel. No. N/A	N/A	
12. DECLARATIO	e and that the edge and belie	d. e-mail (b) (6), (b) (7)(C		- *		
12. DECLARATIO	e and that the edge and belie (b) (6), (b)	d. e-mail (b) (6), (b) (7)(C) statements)	N/A Cell No.	l b	

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

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FORM NLRB-508 (6-18)

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

DO NOT WRITE IN THIS	SPACE	}	
	Date Fi	201	8

NSTRUCTIONS: 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 A	AGAINST WHICH CHARC	SE IS BROU	GHT		
Name BEW Local 827			b. Union Representative to contact Richard Speer, President			
c. Address (Street, city, state, and ZIP code)			d. Tel. No. 609-443-4	100	e. Cell No.	
263 Ward Street East Windsor, NJ 08520			f. Fax. No.			
			g. e-mail			
 h. The above-named labor organization has engaged in and is en (list subsections) (A) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act. 		of the Natio	nal Labor Re	elations Act,	and these unfair labor	
During the last six months, the above-named labor union, and termination grievanes as requested by (b) (6), (b) (7)(C)	by its agents	and representatives, ha	as failed an	d refused to	o process suspension	
3. Name of Employer Verizon of New Jersey		4a. Tel. No.	b. Cell No.		c. Fax No.	
		732-966-0521 d. e-mail				
5. Location of plant involved (street, city, state and ZIP code) 150 Midland Avenue Saddle Brook, New Jersey 07663		6. Employer representative to contact William Thurman, supervisor				
7. Type of establishment (factory, mine, wholesaler, etc.) Repair and construction warehouse		rincipal product or service cation services	9. Number of workers e		of 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				
12. DECLARATION I declare that I have read the above charge (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	ge and that the ge and belie	f.		Tel. No.		
representative or person making charge)		ame and title or office, if any)	—— L	same as abo	ove	

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