Aug. 3.2019 2:35PM

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE	
	NATIONAL LABOR RELATIONS BOARD		Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		32-CB-246015	8-5-2019	
INSTRUCTIONS: File an original of this charge with th	e NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice	
accurred or is occurring.	OR ITS ACENTS AGA	NINST WHICH CHARGE IS BR	OLICHT	
a. Name		b. Union Representative to Contact		
Teamsters 853				
		Stacy Murphy		
c. Address		d. Tel. No.	e.e. Cell No.	
7750 Pardee Lane Oakland, Ca 94621		510.746.3305	510.673.4475	
		f. Fax No.	g. e-Mail	
		510.895.6853	smurphy@teamsters853.or	
h. The above-named labor organization or its agents have	ongagod in and ara	anagging in unfair labor orga	9	
 a ne above-named tabor organization or its agents have 8(b), subsection(s)1(A) of the National Labor Relations meaning of the Act, or are unfair practices affecting cor 	Act, and these unfair	labor practices are unfair pra	actices affecting commerce within the	
2. Basis of the Charge (set forth a clear and concise state				
Since about 2019, the above-nam	and lobor organiz	ofion has restrained an	d accorded employees in the	
Since about 2019, the above-name	the Ast by refusi	auon has restrained and	(b) (6), (b) (7)(C)	
exercise of rights protected by Section 7 of	the Act by relusi	ng to process the gnew	ance of regarding	
back pay for arbitrary or discriminatory reas	sons or in dad iai	ut.		
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
WedriveU			650,445,2186	
		4c. Fax No.	4d. e-Mail	
			Nasim.k@wedrlveu.com	
5. Location of Plant involved (street, city, state, and ZIP co	6. Employer representative	to contact		
700 Airport Way, Burlingame, CA 94010 (cor	rporate office)	Nasim Keynejad (H	IR)	
42700 Boyce Road, Fremont, CA 94538 (wor	, ,	Haji Yokopo (prog	,	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed	
Yard			200+	
	Ground Tran	Insportation		
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. 1el. No.	11b Call No (b) (6), (b) (7)(C)	
		11c. Fax No. (b) (6), (b) (7		
11. Address of party filing charge (street, city, state, and Zi	P code)	•		
(b) (6), (b) (7)(C)				
	12. DECLARAT	ION		
) declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief.	
			Tel No.	
(b) (6), (b) (7)(C)	(b) (7)(C)	(b) (6), (b) (7)(C)		
(signature of representative or person making charge) Tiana Watts	Print/type nan Individual	ne and title or office, if any	Cell No (b) (6), (b) (7)(C)	
Address:	· · · · · · · · · · · · · · · · · · ·	Date:	Fax No.	
(h) (6) (h) $(7)(C)$				
(b) (6), (b) (7)(C)		8.3.2019	(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 BOAR	D	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO			
AGENTS		32-CB-246071	8-2-2019
INSTRUCTIONS: File an original of this charge with the	ne NLRB Regional	Director of the region in wh	
occurred or is occurring.	OP ITS AGENTS A	GAINST WHICH CHARGE IS	BROUGHT
a. Name	OK IIS AGENISA	b. Union Representative	
American Postal Workers Union		(b) (6), (b) (7)(C)	
c. Address		d. Tel. No.	e.e. Cell No.
2116 N. Main, A, Walnut Creek, CA 94596		(925)932-4200	
		f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents hav 8(b),1(A) of the National Labor Relations Act, and thes Act, or are unfair practices affecting commerce within 	se unfair labor pract the meaning of the	ices are unfair practices affect Act and the Postal Reorganiz	ting commerce within the meaning of the ation Act.
2. Basis of the Charge (set forth a clear and concise state			
For the past six months and continuing to da	•	•	
employees in the exercise of rights protected	by Section 7 o	f the Act by refusing to	process the grievance of and by
refusing to otherwise represent ^(b) (6), (b) (7)	regarding job	bidding for arbitrary or	discriminatory reasons or in bad
faith.	• • • •	• •	-
3. Name of Employer		4a. Tel. No.	4b. Cell No.
United States Postal Service			
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer representati	ve to contact
24438 Santa Clara St., Hayward, CA 94544	000)	Mauricio Arguella	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal prod		9. Number of Workers employed
Postal Service			10000
	Yes		
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail
			(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	IP code)		
(b) (6), (b) (7)(C)			
	12. DECLAR		
(b) (6), (b) (7)(C)	that the statemen	ts therein are true to the be	st of my knowledge and belief.
(h)(6)(h)(7)(C)			Tel No.
$(\mathbf{D})(\mathbf{D}), (\mathbf{D})(\mathbf{T})(\mathbf{O})$			
	l		
	(b) (6), (b)		(b) (6), (b) (7)(C)
	Print/type n	name and title or office, if any	
A \$ \$2000			(b) (6), (b) (7)(C)
		Date:	Fax No.
(b) (6), (b) (7)(C)		TIONDA	a Mail
		TTKAMM	e-Mail
· · · · · · · · · · · · · · · · · · ·			(b) (6), (b) (7)(C)
ILLFUL FALSE STATEMENTS ON THIS CHARGE CAN I	E DINISHED BY	THE AND IMPRISONMENT	US CODE TITLE 19 SECTION 1001)

32 A	: IJ
VED D.C.	Ы
RECEIVED NLRB REGION OAKLAND. CA	2019 AUG 2

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD			Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	AGENTS		8-6-2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.			
	OR ITS AGENTS AGA	AINST WHICH CHARGE IS BR	
a. Name Amalgamated Transit Union Local 1027		 b. Union Representative to Vincent Castella Financial Secretary 	Contact
 address 1221 Van Ness Avenue, Suite 304, Fresno, 1 	CA 93721	d. Tel. No. (559)442- 4 140	e.e. Cell No.
· · · · · · · · · · · · · · · · · · ·		f. Fax No.	g. e-Mail atu1027fax@gmail.com
 h. The above-named labor organization or its agents hav 8(b)(1(a) & (5) of the National Labor Relations Act, and of the Act, or are unfair practices affecting commerce v 2. Basis of the Charge (set forth a clear and concise state Since about 2019, the above-named labor requiring the charging party to pay an unr by requiring the charging party to pay an unr unit. 	d these unfair labor pr within the meaning of ament of the facts con bor organization 1	actices are unfair practices at the Act and the Postal Reorge stituting the alleged unfair lab nas violated Section 8(b	fecting commerce within the meaning anization Act. or practices) o)(1)(A) and 8(b)(5) of the Act
3. Name of Employer		4a, Tel. No.	4b. Cell No,
Fresno Economics Opportunity Commission		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
1920 Mariposa Mall, Suite 330, Fresno, CA 9	93721	Brian Angus CEO	
7. Type of Establishment (factory, mine, wholesalar)	8. Principal produc	t or service	9. Number of Workers employed
Bus Company	Transportation	1 Services	100
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.
		11c. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C)	(IP code)		
	12. DECLARAT		of my knowledge and belief
i declare that I have read the above charge and		therein are true to the best	Tel No.
(b) (6), (b) (7)(C			
		(b) (7)(C) me and title or office, if any	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Date:	Fax No.
	_		^e (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	32-CB-246440	8-9-2019			
INSTRUCTIONS: File an original of this charge with the NLRB Regional Di occurred or is occurring.	rector of the region in which the alleged unfair labor practice				
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT					
a. Name	b. Union Representative to Contact				
SEIU-UHW	Crystal Pryor				
	Union Rep				
c. Address 560 Thomas Berkeley Way, Oakland, CA 94612	d. Tel. No.	e.e. Cell No.			
	f. Fax No.	g. e-Mail			
 h. The above-named labor organization or its agents have engaged in and are 8(b), (1)(A) of the National Labor Relations Act, and these unfair labor practi the Act, or are unfair practices affecting commerce within the meaning of the 	ces are unfair practices affec	ting commerce within the meaning of			
2. Basis of the Charge (set forth a clear and concise statement of the facts con	stituting the alleged unfair lab	or practices)			
Since about [010] (017)[0] 2019 the above-named labor organization	n has restrained and co	erced employees in the			
exercise of rights protected by Section 7 of the Act by refusing	to process the grievan	ce o(b) (6), (b) (7)(C) regarding a			
termination for arbitrary or discriminatory reasons or in back					
3. Name of Employer	4a. Tel. No.	4b. Cell No.			
Kaiser Foundation Hospital	4c. Fax No.				
		4d. e-Mail			
	5. Location Plant involved (<i>street, city, state, and ZIP code</i>) 6. Employer representative to contact				
280 W MaCarthur Blvd., Oakland, CA 94611	Jonna Lynn Taylor I				
7. Type of Establishment (lactory, mine, wholesaler) 8. Principal product	t or service	9. Number of Workers employed			
LicHospita Health Care		2000			
10 Full name of party filing charge	11a. Tel. No.	11b. Cell No.			
L J (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)				
	11c. Fax No.	11d e-Mail			
9 AUG		(b) (6), (b) (7)(C)			
11. Address of party filing charge (street, city, state, and ZIP code)					
(b) (6), (b) (7)(C)					
•					
I declare that I have read the above charge and that the statements	therein are true to the best				
$(b) (6), (b) (7) (\overline{(b)} (6), (b))$		Tel No.			
E(D)(D),(D)(I)(b)(6),(b)) (7)(C)	(b) (6), (b) (7)(C)			
(:	me and title or office, if any	Cell No.			
Address: (b) (6), (b) (7)(C)	Date:	Fax'No.			
		e-Mail (b) (6), (b) (7)(C)			
L					
WILL FUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY EIN	UE AND IMPOLICONMENT (LE CODE TITLE 18 SECTION 1001			

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.

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NATIONAL 1A60R RELATIONS	ica Board	Case	I Dot-lied
CHARGE AGAINST LABOR ORGANIZ			8-12-2019
AGE!NTS		32-CB-246483	
INSTRUCTIONS: Flie on originator this charge occurred or le occurrin!-	with the NLRB Regiona	l Olrecioi oi tiio region In wh	ich the alleged untalr labor pr
1, LABOR ORGAN	ATION OR TIS AGENIS	AGAINST W1110H CHARGE IS E	ROUGHT
a. Nam,		b. Union Ropn,sontallvo	to Confact
Steamfitters. Local 342		Cho Timmono Ru	sinosa managar ^o Einana
		Secretary	siness manager & Financ
IC. AddrGU I 935 Detroit Ave.		d Tel, No, 925.686.5880·	o.o, CellN0, 925.536.1263
Concord. CA 9455518		r. Fe, NO,	g_eMa11
			chet@ua342.com
-Ii" The abOVG:named18bOr6iQ8t128t10n or its age B(bl, subsocUon(s) 1(A) of ho National Labor F	Itti haveleng@gad 1n8nd	are engaging in Livif8frlabor pra Infair lebor practices are unfair	actices within the mflijrill"Ig Ot&e practicos atrocting commercesw
meaning of the Act or are unfair !, lrac1ices alfect	tin!! cc;J1ma9@1Nihin the	meaning of the Act % the flo	stal Reorganization Act
Within the last six months. for arbitra			
organization has restrained and coer	ced employees in th	e exercise of rights prote	cted by Section 7 or the
falling to properly process the grieva	1Ce of (D) (0), (D) (7)(C)	regarding termination	n.
3. Name of employer		1 4a. Tel, No.	4b. Cal No.
Harder Mimhanical		503.281.1112	
(Richmond Chevron Refinery)		4c. Fax No.	4d e,Ma
E location or Plant in al rad (atrant 'ally atots on	d 7/D code)	6 Employer morecentation	in the contract
5, location or Plant involved (atr,n,t' clir- stoto, an	,	6, Employer representati	
999 Canal Blvd . C. Richmond, CA 94 7, Typ® of establishmeni (/aotaf), min•. wholosak		Craig Pierce, superin	9. Number of Worvero omp
Rennery	1 I I I I I I I I I I I I I I I I I I I		600+
10. Full name ot pany filing charga	Industriul	1 11a Tel. No.	11b. Col No.
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)
		11c. Fax NO.	
			(b) (6), (b) (7
11. Addf8ss al party Illing charge (sr/flet, c/ly, state	, and ZIP codo\		
(b) (6), (b) (7)(C)		6 8 2	
	12 DECLAF	RATION	
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(b) (6), (b) (7)(C	(b) (6), (b	name and title or oviCl. Ir any	T∳INo, (b) (6), (b) (7)(C) F�, №.
(b) (6), (b) (7)(C	 Print/typo (b) (6), (b)	name and title or oviCl. Ir any	Cot No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		name and title or of ICII. Ir any (7)(C) Doid: EINE AND IMPRISON(1111)	TolNo, (b)(6), (b)(7)(C) For No. (b)(6), (b)(7)(C) III S tOOE TITLE 18 Stt 110
(b) (6), (b) (7)(C)		name and title or of ICII. Ir any (7)(C) Doid: EINE AND IMPRISON(1111)	TolNo, (b)(6), (b)(7)(C) For No. (b)(6), (b)(7)(C) III S tOOE TITLE 18 Stt 110
(b) (6), (b) (7)(C)		name and title or of ICII. Ir any (7)(C) Doid: EINE AND IMPRISON(1111)	TolNo, (b)(6), (b)(7)(C) For No. (b)(6), (b)(7)(C) III S tOOE TITLE 18 Stt 110
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Addres

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

DO NOT WRITE IN THIS SPACE

Date Filed

8/16/2019

Case 32-CB-246803

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

 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

 a. Name
 b. Union Representative to contact

 Teamsters Local Union 517
 Steve Nelson

Teamsters Local Union 517		Steve Nels	son	
		Title: Busir	ness Agent	
			3	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
512 West Oak Street		(559) 627-99	93	
CA Visalia 93291-		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has <i>(have)</i> engaged subsection(s) <i>(list subsections)</i> (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
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	oractices)	
See additional page				
See additional page				
		4a. Tel. No.		b. Cell No.
3. Name of Employer Land O' Lakes		(559) 687-82	87	b. Con N 0.
		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)			6 Employ	or representative to contact
400 South M Street			Robert Sc	ver representative to contact
CA Tulare 93274			Title: Sen	ior Human Resources Manager
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Others	Dairy production		300	
10. Full name of party filing charge		11a Tel No (b) (6), (b) (1		b. Cell No.
(b) (6), (b) (7)(C)			()(C)	
		c. Fax No.		d. e-Mail (b) (c) (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 I declar <u>e that I have read the ab</u> ove charge and that the statements therein are true to	the best of my knowledge and balic	Tel.	No <mark>(b) (6), (</mark>	(b) (7)(C)
(b) (6), (b) $(7)(C)$	(b) (6), (b) $(7)(C)$	cell		

By (signature of representative or person making charge) (Print/type name and title or office, if any) Title:

Eav No
1 an 110.

(date)_____

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

Basis of the Charge

8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by threatening to retaliate against employees if they did not join or support the union.

threat	Date the threats were made
(b) (6), (b) (7)(C)	2018

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.

LINITED STATES OF AMERICA

FORM NLRB-508				DO NOT WRITE IN THIS SPACE		
(2-08)	NATIONAL LABOR RELATIONS CHARGE AGAINST LABOR ORG OR ITS AGENTS		Case 32-0	CB-247061	[Date Filed 8/22/2019
INSTRUCTIONS: File	e an original with NLRB Regional Director for	the region in which	the alleged u	nfair labor pra	ctice occuri	red or is occurring.
	1. LABOR ORGANIZATION OF	R ITS AGENTS AGA	AINST WHICH	CHARGE IS	BROUGHT	
a. Name				b. Union Rep	presentative	e to contact
UA Local 342				Chuck Leo	onard	
				Title: Busi	ness Agent	
c. Address (Street, ci	ty, state, and ZIP code)			d. Tel. No. (925) 686-58	380	e. Cell No.
935 Detroit Ave. CA Concord 94518-2	501			f. Fax No.		g. e-Mail
subsection(s) (list s are unfair practices	organization(s) or its agents has <i>(have)</i> enga subsections) (1)(A) affecting commerce within the meaning of th and the Postal Reorganization Act.		of the Natio	onal Labor Rel	ations Act	and these unfair labor practice
See addition	al page					
3. Name of Employe	r			4a. Tel. No.		b. Cell No.
Harder Mechanical				(510) 620-93 c. Fax No.	851	d. e-Mail
5. Location of plant i	nvolved (street, city, state and ZIP code)				6. Emplo	yer representative to contact
999 Canal blvd. Suite CA Richmond 94804-	С				Dustin H Title:	
7. Type of establishr	nent (factory, mine, wholesaler, etc.)	8. Identify prin	ncipal product	or service	9. Numb	er of workers employed
Construction		Piping			200	
10. Full name of part (b) (6), (b) (7)(C)	y filing charge			11a, Tel, No (b) (6), (b) (7)(C)	b. Cell No.
				c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)

11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)

12. DECLARAT	ION	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 belief.		^{Tel. No} (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) By	(b) (6), (b) (7)(C)	Cell No.
(signature of representative or person making charge)	(Print/type name and title or office, if any)	
	Title:	Fax No.
(b) (6), (b) (7)(C)		^{e-Mail} (b) (6), (b) (7)(C)
Address	(date)_08/22/2019 09:38:45	(D) (O), (D) (T) (C)

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

Basis of the Charge

8(b)(1)(A)

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

2019-08-27 08:12

Member Svcs (b) (6), (b) (7)(C) >> NLRB

UNITED STATES OF AMERICA		i DO NOT V	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		I Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION (AGENTS	32-CB-24720	8-27-2019		
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	NLRB Regional D	rector of the region in whi	ch the alleged unfair labor practice	
1. LABOR ORGANIZATION O	R ITS AGENTS AGA	AINST WHICH CHARGE IS BE	ROUGHT	
a. Name		b. Union Representative t	o Contact	
OPEIU Local 29		Tamra Rubyn		
		President		
c. Address		d. Tei. No.	e.e. Cell No.	
7677 Oakport Street, Oakland, CA 94621		(510)746-5971		
Suite 480		f. Fax No.	Ig. e-Mail	
h. The above-named labor organization or its agents have e	and and and are	(510) 140-5911	Kubin COPE 10 27, 010	
8(b)(1)(A) of the National Labor Relations Act, and these	unfair labor practic	es are unfair practices affect	ing commerce within the meaning of	
the Act, or are unfair practices affecting commerce within	the meaning of the	Act and the Postal Reorgan	ization Act.	
2. Basis of the Charge (set forth a clear and concise stateme			•	
Since about June 30, 2019 the above-named I	apor organizatio	on has restrained and ((b) (6) (b) (7)	coerced employees in the	
exercise of rights protected by Section 7 of the				
program and by forcing	iaison for arbitra	ary or discriminatory re	asons or in bad faith.	
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Kaiser Permanente		1510)454-2887		
		4c. Fax No. 1877-213-7466	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP cod	(a)	6. Employer representative	Carol. A. Crawford Chpion	
2500 Merced Street, San Leandro, CA 94577	-,	Chand Crawford M	anager Carol Crawford	
	8. Principal produc	t or service	9. Number of Workers employed	
Hospital	Health Care S		1000	
10. Full name of party filing charge	Trouter Out o	11a. Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
		11c. Fáx No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and ZIP	(anda)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)				
	12. DECLARAT			
i declare that i have read the above charge and th	nat the statements	therein are true to the bes		
(h) (6) (h) (7)(C)			Tel No.	
$(\mathbf{U})(\mathbf{U}), (\mathbf{U})(\mathbf{U})(\mathbf{U})$	(b) (6)), (b) (7)(C)		
By	$(\mathbf{D})(\mathbf{O})$	$(\mathbf{O})(\mathbf{O})$	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)	Print/type pa	me and title or office, if any	Gell No.	
(agreed) of representative of person making energy)		ne and die of onde, it dily		
Address:	•	Date:	Fax No.	
(b) (6), (b) (7)(C)		8/27/2019		
		10/01/2011	(b) (6) (b) (7)(c)	
			(b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. 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 3612 INTERNET FORM NLRB-508 UNITED STATES OF AMERICA DO NOT WRITE IN THIS SPACE (2-08) NATIONAL LABOR RELATIONS BOARD Case Date Filed CHARGE AGAINST LABOR ORGANIZATION 32-CB-247526 8-29-2019 OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGH California Nurses Association (6 b (b) (6), (b) (7)(C) Address (Street, city, state, and ZIP,code) Grand ve f. Fax No. 94617 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), of the National Labor Relations Act, and these unfair labor practices subsection(s) (list subsections) 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) a trang Discrimination ad Faith Reason Cell No. 3 Name of Employer Fax No. e-Mail d. on of plant-involved (street, city, state and ZIP code) Ē, 6. Employer representative to contact 101 9. Number establishment (factory, mine, wholesaler, etc.) Identify principal product or set vice 11a. Tel. No. (6), (b) (7)(C)(b) c: Fax No. b (b) (6) ng charo e-Mail σ Address date) THE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLF PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA			WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		32-CB-246189	8/5/2019	
NSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Regiona	al Director of the region in w	hich the alleged unfair labor practic	
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS		
a. Name California Technical Employees Coalition		b. Union Representative to Contact $(b)(6), (b)(7)(C)$		
c. Address P.O. Box 700, West Sacramento, CA 95691		d. Tel No (b) (6), (b) (7)(C)	e.e. Cell No.	
		f. Fax No.	g. e-Mail	
 The above-named labor organization or its agents ha 8(b), subsection(s) (1)(A) of the National Labor Relati the meaning of the Act, or are unfair practices affecting Basis of the Charge (set forth a clear and concise state) 	ions Act, and these ng commerce within	unfair labor practices are unfait the meaning of the Act and the	Ir practices affecting commerce within the Postal Reorganization Act.	
Since about 2019, the above-named la of rights protected by Section 7 of the Act by disciplinary action taken against	y refusing to pro	ocess the grievance of		
Watsonville Community Hospital				
			4d. e-Mail	
		4c. Fax No.	4d. e-Mail	
Location of Plant involved (streat city state and 7/P	code)			
 Location of Plant involved (street, city, state, and ZIP 75 Nielson Street, Watsonville, CA 95076 	code)	4c. Fax No. 6. Employer representat Maureen Cate, C	ive to contact	
		6. Employer representat Maureen Cate, C	ive to contact EO	
75 Nielson Street, Watsonville, CA 95076	code) 8. Principal pro Medical Se	6. Employer representat Maureen Cate, C duct or service	ive to contact	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (factory, mine, wholesaler)	8. Principal pro	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No.	ive to contact EO 9. Number of Workers employed 1000	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge	8. Principal pro	6. Employer representat Maureen Cate, C duct or service	ive to contact EO 9. Number of Workers employe	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital	8. Principal pro	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No.	ive to contact EO 9. Number of Workers employed 1000	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (<i>street, city, state, and</i>	8. Principal pro Medical Se	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C)	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d. e-Mail	
75 Nielson Street, Watsonville, CA 95076 . Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 0. Full name of party filing charge (b) (6), (b) (7)(C)	8. Principal pro- Medical Se	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d. e-Mail	
 75 Nielson Street, Watsonville, CA 95076 Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital Full name of party filing charge (b) (6), (b) (7)(C) Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) 	8. Principal pro Medical Se ZIP code)	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C)	
 75 Nielson Street, Watsonville, CA 95076 Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital Full name of party filing charge (b) (6), (b) (7)(C) Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) 	8. Principal pro Medical Se ZIP code)	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C)	
75 Nielson Street, Watsonville, CA 95076 Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (<i>street, city, state, and</i>	8. Principal pro Medical Se ZIP code)	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C)	
75 Nielson Street, Watsonville, CA 95076 Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	8. Principal pro Medical Se ZIP code) 12. DECLAI d that the stateme (b) (6),	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the b (b) (7)(C)	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C) est of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	8. Principal pro Medical Se ZIP code) 12. DECLAI d that the stateme (b) (6),	6. Employer representat Maureen Cate, C duct or service rvice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C) est of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	8. Principal pro Medical Se ZIP code) 12. DECLAI d that the stateme (b) (6),	6. Employer representat Maureen Cate, C duct or service ervice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the b (b) (7)(C)	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d. e-Mail (b) (6), (b) (7)(C) est of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)	
75 Nielson Street, Watsonville, CA 95076 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and</i> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	8. Principal pro Medical Se ZIP code) 12. DECLAI d that the stateme (b) (6),	6. Employer representat Maureen Cate, C duct or service Prvice 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION Ints therein are true to the b (b) (7)(C) name and the or office, if any	ive to contact EO 9. Number of Workers employed 1000 11b. Cell No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C) est of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) (c) (c) (c) (c) Fax No.	

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 NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Date Filed

8/22/2019

Case 32-CB-247227

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.					
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT					

a. Name			b. Union Representative to contact				
California Nurses Association		Rachele Savola					
	Title: Labor rep						
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.			
155 Grand Ave 2 floor		(510) 326-63	881	(415) 525-9032			
CA Oakland 94612-		f. Fax No.		g. e-Mail			
		(510) 663-57	12	rsavola@calnurses.org			
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) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.							
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	practices)				
See additional page							
3. Name of Employer		4a. Tel. No.		b. Cell No.			
Kaiser Oakland Hospital		(510) 752-5197		d o Mail			
		c. Fax No.		d. e-Mail			
5. Location of plant involved (street, city, state and ZIP code)				ver representative to contact			
3600 Broadway		Latasha					
CA Oakland 94611	-			istant Nurse Manager			
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal produce				er of workers employed			
Healthcare Facilities	Health care services	•	10000				
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)			
11 Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.							
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Cell No.							
(signature of representative or person making charge) (Print/type			(b) (6), (l	b) (7)(C)			
	Title:	Fax	NO.				
(b) (6), (b) (7)(C)							
		e-M	ail				
Addres	(date) ^{08/22/201}	e-M 19 02:02:47	ail (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

Basis of the Charge

8(b)(1)(A)

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