FORM EXEMPT UNDER 44 U.S.C 3512

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

· ·	
DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
04-CB-238727	4/1/19

INSTRUCTIONS: File an original with NLRB Regional Director for the				ed or is occurring.
LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			···
a. Name		b. Union Re	epresentative t	to contact
Local 68-International Union of Operating Engineers		(b) (6), (b	o) (7)(C)	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
AED VALL also Chroat		(b) (6), (b) (7	7)(C)	
159 W Lake Street NJ Bridgeton 08302		f. Fax No.		g. e-Mail
				(b) (6), (b) (7)(C)
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A), (2) are unfair practices affecting commerce within the meaning of the Admeaning of the Act and the Postal Reorganization Act.	of the Natio	nal Labor R	elations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	l unfair labor	practices)	
One additional name				
See additional page				
				1.
Name of Employer		4a. Tel. No).	b. Cell No.
Various Employers		c. Fax No.		d. e-Mail
			i	0. 0 Maii
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
			Title:	
				-formation and a d
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9. Numbe	r of workers employed
Casinos & Gaming				
10. Full name of party filing charge		11a. Tel. N		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7 c. Fax No.)(C)	d. e-Mail
		· Fax 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		Té	l. 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)		ell No.	
(signature of representative or person making charge) (Print/type	•	" Fa	x No.	<u>, , , , , , , , , , , , , , , , , , , </u>
(b) (6) (b) (7)(C)	Title:			
(b) (6), (b) (7)(C)		e-	Mail	(1-) (7)(0)
Address	(date)_04/1/2019	12:23:53	(b) (6),	(b) (7)(C)
and the same of th				

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) and 8(b)(2)

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 operating a hiring hall in a manner that was arbitrary, discriminatory or in bad faith.

ì

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS		04-CB-238771	4/01/19
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	e NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BR	DUGHT
a. Name 40		b. Union Representative to	Contact
AFSCME District * 88		Denise Luna	
		Staff Representative	
c. Address		d. Tel. No.	e.e. Cell No.
3031 Walton Road			
Buliding C Suite 300		f, Fax No.	g. e-Mail
Plymouth Meeting, PA 19462			
h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relatio the meaning of the Act, or are unfair practices affecting	ns Act, and these unfa	air labor practices are unfair p	ractices affecting commerce within
2. Basis of the Charge (set forth a clear and concise state			
On or about 10 10 10 17 10 10 10 10 10 10 10 10 10 10 10 10 10	med labor areas	zation has restrained as	nd coerced employees in the
On or about (b) (6), (b) (7)(c) 2019, the above-na	-		
exercise of rights protected by Section 7 of the		· -	
regarding of discharge, as requested by	for arbitrary	or discriminatory reaso	ns or in bad faith.
		de Yel No	4b. Cell No.
3. Name of Employer		4a. Tel. No.	40. Cell No.
Merakey		215-671-5000 4c. Fax No.	4d. e-Mail
		4c. rax No.	4d. e-Maii
5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer representative	to contact
2900 Southampton Rd			
Philadelphia, PA 19154			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	Number of Workers employed
Non profit provider of health services	Developmen	tal, behavioral and	About 100
	education he	•	1
10. Full name of party filing charge	Cadeation no	11a, Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	1
		11c. Fax No.	11d e-Mail
		TIC. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	IP code)		
(b) (6), (b) (7)(C)			
	12. DECLARAT	TION	
I declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief.
Tuesday tracting a tracting and tracting and	1		Tel No.
(b) (6), (b) (7)(C)			
By:	(b) (6), (b) (7)(C		(b) (6), (b) (7)(C)
(signature or representative or person making charge)		ne and title or office, if any	Cell No.
(alguments of persons		-	
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		111110	<u>'</u>
		4-1-19	e-Mail
		1 , , , ,	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

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

DO NOT WRIT	E IN THIS SPACE
1	Date Filed
04-CB-239474	4/12/19

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	S AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	resentative	to contact
International Association of Machinists and Aero Space Workers		(b) (6), (b) (7)(C)	
		Title: Loca	Lodge 171	7 ^{(b) (6), (b) (7)(C)}
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
659 Main Street (Box 317)		(570) 430-61	88	- Mail
PA Tobyhanna 18661		f. Fax No.		g. e-Mail
				(b) (6), (b) (7)(C)
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 A	of the Natio	onal Labor Rel	ations Act. a	and these unfair labor practices
meaning of the Act and the Postal Reorganization Act.			p. a.c	
2. 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				
oee additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
Ingenuity and Purpose (IAP)		(570) 615-90	82	
		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
11 Hap Arnold Bivd			Dan Hopi	
PA Tobyhanna 18466			Title: Site	Manager
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
Others	Federal Contractor (Departr	ment of Defer	263	
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	d. e-Mail
		c. Fax No.		(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (0), (b) (1)(0)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel.	No	
declare that I have read the above charge and that the statements therein are true to		ef.	(b) (6), (b	o) (7)(C)
By	(b) (6), (b) (7)(C)	_ Cell	No.	
(signature of representative or person making charge) (Print/type		/) Fax	No.	
	Title:			
(b) (6), (b) (7)(C)		e-M		(1-) (7)(0)
Address	(date) 04/11/201	9 17:28:46	(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.

8(b)(1)(A)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

		TOTAL EXEMIT TOTALLY TO CO.O.O DO IZ
	DO NOT WRIT	E IN THIS SPACE
Case	=	Date Filed
	04-CB-239476	4/11/19

FORM EXEMPT LINDER 44 II S C 3512

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pr	actice occurre	ed or is occurring.
LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Re	presentative	to contact
Brooke Glen Nurses Association/PASNAP		Nick Alpe	rs	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (215) 694-6	823	e. Cell No.
One Fayette Street		f. Fax No.		g. e-Mail
PA Conshohocken 19428				nick@pasnap.com
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	anal Lahar Di	lations Act	and those 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	practices)	
See additional page				
, 0				
`				
		Latin Fall No.	·	h O-IIM
3. Name of Employer		4a. Tel. No (610) 405-1		b. Cell No. (610) 405-1800
Brooke Glen Behavioral Hospital		c. Fax No.	-	d. e-Mail
				dhauser@paisnerlitvin.com
		<u> </u>	1	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact
30 Rock Hill Road PA Bala Cynwyd 19004			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9. Numbe	er of workers employed
Healthcare	Behavioral Health Care		342	, ,
10. Full name of party filing charge		11a. Tel. N	.	b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	
Brooke Glen Behavioral Hospital		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)		L		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)			·	
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie	ef.	l. No. (484) 4:	36-2118
By Diane Apa Hauser	Diane Hauser	1	ll No. (610) 40	
(signature of representative or person making charge) (Print/type	name and title or office, if any Title:		No.	
30 Rock Hill Road		e-	Mail	
Address Bala Cynwyd PA 19004	(date)(9 15:40:58	dhause	er@paisnerlitvin.com

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

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

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

DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
04-CB-239493	4/12/19

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ictice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Re	presentative	to contact
NALC Branch 274		(b) (6), (b)	(7)(C)	
		Title: (b)	6), (b) (7)(C)
		11401	0), (b) (1)(0	,
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
		(610) 432-8	225	
1000 Postal Road PA Allentown 18109-		f. Fax No.		g. e-Mail
<u></u>				
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	fair labor pra	tices within t	he meaning of section 8(b)
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Re	lations 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 unfai	practices aff	fecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	a facts constituting the allege	t unfair labor	practicael	
2. Basis of the Charge (set forth a clear and concise statement of the	e racis constituting the alleged	unian iabor	practices)	
See additional page				
. •				
Name of Employer		4a. Tel. No.		b. Cell No.
United States Postal Service		c. Fax No.		d. e-Mail
		0. 102110.		u. 0-141un
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
1000 Postal Road			Title	
PA Allentown 18109			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)
		c. Fax No.		d. e-Mail
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 belie		. No. (b) (6), (b	o) (7)(C)
(b) (6) (b) (7)(C)	(b) (6), (b) (7)(C)		I No.	
(signature of representative or person making charge) (Print/type			(b) (6), (b	o) (7)(C)
(Timetype	Title:		No.	
(b) (6), (b) (7)(C)		<u> </u>	A - 11	
(b) (b), (b) (1)(c)	04/44004	e-l	fail	(b) (7)(C)
Address	(date) 04/11/201	3 2 1.03.36	(D) (O),	(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.

8(b)(1)(A)

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	,	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION	I OR ITS	04-CB-239678	4/16/19
AGENTS			
INSTRUCTIONS: File an original of this charge with the	NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
occurred or is occurring.	OR ITS AGENTS AGA	INST WHICH CHARGE IS BR	OLIGHT
a. Name	OK TO ACENTO ACA	b. Union Representative to	
United Auto Workers Local 2327		Sandra Urban	
c. Address		d. Tel. No.	e.e. Cell No.
598 Shiloh Pike		(856)455-9900	
Bridgeton, NJ 08302		f. Fax No.	g. e-Mail
h. The characteristics softenesses because		(856)451-9911	uaw2327@mindspring.com
 The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relation 	engaged in and are	engaging in unitair labor prac	rices within the meaning of section
the meaning of the Act, or are unfair practices affecting	commerce within the	meaning of the Act and the	Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise states			
Since in or about (6)(8),(6)(7)(5) 2018, the above	-named labor or	nanization has restraine	ed and coerced employees in
the exercise of rights protected by Section 7 of	•		vance concerning
(b) (6), (b) (7)(c) discharge for arbitrary or discrimina	itory reasons or i	n bad faith.	
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Cumberland Manor Nursing and Rehabilitatio	n Center	(856)455-8000	
		4c. Fax No.	4d. e-Mail
		(856)455-5493	
5. Location of Plant involved (street, city, state, and ZIP co	de)	6. Employer representative	to contact
	uc)		
154 Sunny Slope Drive		Mark Wood, Superv	risor
Bridgeton, NJ 08302			
<u> </u>			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	Number of Workers employed
Nursing home and physical rehabilitation	Long and sho	ort term nursing care	About 50
center			
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
		. 101,1 wn 1101	
11. Address of party filing charge (street, city, state, and ZII	Picode)		
		ı	
(b) (6), (b) (7)(C)	12. DECLARAT	ION	
I declare that I have read the above charge and	that the statements	therein are true to the best	
(b) (c) (b) (7)(c)	• /		Tel No.
(b) (6), (b) (7)(C	,)		
By	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
(sign		ne and title or office, if any	Cell No.
		. •	'
Addross.	, '	Date:	Fax No.
(b) (6), (b) (7)(C)		Z **	
(D) (D) , (D) (T)		1011	e-Mail
		4/8/19	
	and the same of th		

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.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FURM EXEMPT UNDER 44 U.S.C 3512
DO NOT W	RITE IN THIS SPACE
Case	Date Filed
04 CD 220702	4/16/19

04-CB-239/03 _ INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair lappy prepared or is occurring

1 LABOR CROAD THE AN ORIGINAL WILL TEXT TO THE STATE OF THE					
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH				
a. Name		b. Union Rep	resentative	to contact	
SEIU District 1199C		(b) (6), (b)	(7)(C)		1
		1			1
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		o Coll No	
		G. 101.110.		(b) (6), (b) (7)(
319 Locust Street, Philadelphia, PA 19107-5405		f. Fax No.	· · · · · ·	g. e-Mail	- /
·	 		, , ,		
 The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) 					
subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the A	Act, or these unfair labor pract	ices are unfair	practices af	fecting commerce within the	es
meaning of the Act and the Postal Reorganization Act.					
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	ractices)		
During the past six-month period, the above-named lab	or organization has viole	ated its duty	of fair re	presentation by failing	
and refusing to process a grievance concerning my disc			Or fall 16	presentation by laining	1
and refusing to process a grievance concerning my disc		0 19.			
(b) (6), (b) (7)(C) (b) (6	6), (b) (7				
	\mathcal{I}_{I} , (D) (I	$\mathcal{N} \cup \mathcal{N}$			- 1
Name of Employer		4a. Tel. No.	·	b. Cell No.	
	····	4a. Tel. No. 215-762-7	137	b. Cell No. N/A	
Name of Employer Hahnemann University Hospital	·····	1	137	N/A d. e-Mail	
	······································	215-762-7 c. Fax No.	137	N/A	
Hahnemann University Hospital	<u>.</u>	215-762-7		N/A d. e-Mail N/A	
Hahnemann University Hospital 5. Location of plant involved (street, city, state and ZIP code)		215-762-7 c. Fax No.	6. Employ	N/A d. e-Mail N/A yer representative to contact	t
Hahnemann University Hospital		215-762-7 c. Fax No.		N/A d. e-Mail N/A yer representative to contact	Ł
Hahnemann University Hospital 5. Location of plant involved (street, city, state and ZIP code)		215-762-7 c. Fax No.	6. Employ	N/A d. e-Mail N/A yer representative to contact	t
Hahnemann University Hospital 5. Location of plant involved (street, city, state and ZIP code) 230 North Board Street, Philadelphia, PA 19102	8 Identify principal product	215-762-7 c. Fax No. N/A	6. Employ Aisha C	N/A d. e-Mail N/A yer representative to contact	
Hahnemann University Hospital 5. Location of plant involved (street, city, state and ZIP code) 230 North Board Street, Philadelphia, PA 19102 7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	215-762-7 c. Fax No. N/A	6. Employ Aisha C	N/A d. e-Mail N/A yer representative to contact	
Hahnemann University Hospital 5. Location of plant involved (street, city, state and ZIP code) 230 North Board Street, Philadelphia, PA 19102	Identify principal product Healthcare	c. Fax No. N/A	6. Employ Aisha C	N/A d. e-Mail N/A yer representative to contact cooper er of workers employed	•
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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					
Case	04-CB-240081	Date Filed 4/23/19			

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 AGAINST WHICH CHARGE IS BROUGHT 2. Mitted Steel workers Local 807 6. Modress (Street, city, state, and 21P code) 6. Boulevard of the Milnes, yittsburgh, ya. 15000 6. Boulevard of the Milnes, yittsburgh, ya. 15000 6. Tel. No. 6. Tel. No. 7. Fax. No. 9. e-mail 1. Linion Representative to contact (b) (6) (6) (7) (C) 1. Fax. No. 9. e-mail 1. Fax. No. 1. Fax. No. 9. e-mail 1. Fax. No. 1. Fax. No.	TO THOU THE ATT ORIGINAL WIRTH LEAD TO GOOD TO THE TOGOTH IT WHICH THE ALLOGOD THE TOGOTH THE ALLOGOD THE ALLOGOD THE TOGOTH THE ALLOGOD THE TOGOTH THE ALLOGOD THE TOGOTH THE ALLOGOD THE TOGOTH THE ALLOGOD THE ALLOGOD THE TOGOTH THE ALLOGOD THE ALLOGOD THE TOGOTH THE ALLOGOD THE TOGOTH THE ALLOGOD THE TOGOTH THE ALLOGOD	practice cocarros or is documing.
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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**

	DO NOT WRIT	E IN THIS SP	ACE
Case	04-CB-240172	Date Filed	
	• • • • • • • • • • • • • • • • • • • •		4/24/19

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.							
LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT							
a. Name		b. Union Rep	presentative	to contact			
National Association of Letter Carriers		David J N	apadano				
		Title: Nati	onal Busines	s Agent			
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (215) 824-4	826	e. Cell No.			
NALC Region 12 9601 James Street		f. Fax No.		g. e-Mail			
PA Philadelphia 19114-3017		(215) 824-48	348				
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 and the Postal Reorganization Act.							
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	l unfair labor	practices)				
See additional page 3. Name of Employer		4a. Tel. No. (800) 275-8	777	b. Cell No.			
USPS		c. Fax No.		d. e-Mail			
Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact			
5 Prospect Avenue			Ben Cow				
PA West Grove 19390			Title: Pos	t Master			
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9. Numbe	r of workers employed			
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.	(C)	d. e-Mail			
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)			
12. DECLARATION declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		. No. (b) (6), (l	o) (7)(C)			
	(b) (6), (b) (7)(C)		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) Address	(date) 04/24/201		//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

8(b)(1)(A)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

		TOTAL EXEMIT TOTAL TO 0.0.0 5012				
		DO NOT WRITE IN THIS SPACE				
Case			Date Filed			
	ĺ	04-CB-240228	4/24/19			

1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CUADOE ICE		
a. Name		b. Union Rep	resentative	to contact
APWU		Nicholas C	aselli	
		Title: Presi	dent	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
864 Main St		(610) 522-45	20	
PA Darby 19023		f. Fax No.		g. e-Mail
,				
h. The above-named organization(s) or its agents has (have) engaged i	n and is (are) engaging in un	fair labor pract	ices within t	he meaning of section 8(b),
subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Ac	of the Natio	onal Labor Rela	ations Act, a	nd these unfair labor practices
meaning of the Act and the Postal Reorganization Act.	t, or these unfair labor practi	ces are untair (oractices an	ecting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	l unfair labor p	ractices)	
	Table contentalling the uneget	- arrian rasor p		
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
United States Postal Service				
		c. Fax No.		
		1		d. e-Mail
				d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6. Employ	d. e-Mail er representative to contact
Location of plant involved (street, city, state and ZIP code) 3201 south 74th st			6. Employ	
			6. Employ	
3201 south 74th st PA Philadelphia 19153	Identify principal product	or service	Title:	
3201 south 74th st PA Philadelphia 19153	8. Identify principal product	or service	Title:	er representative to contact
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	Title:	er representative to contact
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge	8. Identify principal product		Title:	er representative to contact r of workers employed
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	11a. Tel. No.	Title:	er representative to contact r of workers employed
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	11a. Tel. No. (b) (6), (b) (7)(Title:	er representative to contact r of workers employed b. Cell No.
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.)	8. Identify principal product	11a. Tel. No. (b) (6), (b) (7)(Title:	er representative to contact r of workers employed b. Cell No. d. e-Mail
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	11a. Tel. No. (b) (6), (b) (7)(Title:	er representative to contact r of workers employed b. Cell No. d. e-Mail
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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)		11a. Tel. No. (b) (6), (b) (7)(c. Fax No.	Title: 9. Numbe	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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 statements of the statements of the statements of the statements.	he best of my knowledge and belie	11a. Tel. No. (b) (6), (b) (7)(c c. Fax No.	Title: 9. Numbe C) No. (b) (6), (6)	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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 statement the statemen	he best of my knowledge and belie b) (6), (b) (7)(C)	11a. Tel. No. (b) (6), (b) (7)(c) c. Fax No.	Title: 9. Numbe C) No. (b) (6), (6)	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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 statement the state	he best of my knowledge and belie b) (6), (b) (7)(C) name and title or office, if any	11a. Tel. No. (b) (6), (b) (7)(c) c. Fax No.	Title: 9. Numbe No. (b) (6), (b) No.	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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 signature of representative or person making charge) (Print/type of the statements of the statement	he best of my knowledge and belie b) (6), (b) (7)(C)	11a. Tel. No. (b) (6), (b) (7)(0 c. Fax No. Tel. (Cell	Title: 9. Numbe No. (b) (6), (b) No.	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
3201 south 74th st PA Philadelphia 19153 7. Type of establishment (factory, mine, wholesaler, etc.) 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 statement the statemen	he best of my knowledge and belie b) (6), (b) (7)(C) name and title or office, if any	11a. Tel. No. (b) (6), (b) (7)(c) c. Fax No. Tel. (f. Cell Fax e-M	Title: 9. Numbe No. (b) (6), (b) No. No.	er representative to contact or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)

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8(b)(1)(A)

FORM NLRB-508 (6-18)

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

DO NOT WRITE IN THIS	SPACE
Case	Date Filed
O4 - C8- 240228	4/29/19

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	<u>5</u>				
a. Name		b. Union Representativ	e to contact		
APWU LOCAL 89		NICHOLAS .	CHOLAS CASELLT		
Address (Street, city, state, and ZIP code)		d. Tel. No.	e. Cell No.		
864 MAIN 3T.		610-522-4520	215 519-88ØØ		
DARBY, PA		f. Fax. No.			
11/023					
		g. e-mail	Yallitan Anime		
	- 10-1 p 10 p 10 p 10 p 10 p 10 p 10 p 1		PHILLY APWU.CO		
n. The above-named labor organization has engaged in and is engagin					
(list subsections) practices are practices affecting commerce within the meaning of the		tional Labor Relations Act,			
the Act and the Postal Reorganization Act.	ie vod og mese milan ianot brache	es allecting commerce wil	and the meaning or		
2. Basis of the Charge (set forth a clear and concise statement of the I	facts constitution the alleged unfai	ir lahor practices)	· · · · · · · · · · · · · · · · · · ·		
	rugio ourisitiung me allegen dirial	radios pradeosaj.			
-SEE ADDITIONAL PACE-					
3. Name of Employer	4a. Tel. No.	b. Cell No.	c. Fax No.		
UNITED STATES POSTAL SERVICE			ŀ		
	d. e-mail		·		
	,				
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representa	ative to contact		
3201 SOUTH FUTH STREET		Ĭ.			
PHILADELPHIA PA					
19153			·		
7. Type of establishment (factory, mine, wholesaler, etc.)	I. Identify principal product or serv	ice 9. Number	of workers employed		
¹⁰ (b) (6), (b) (7)(C)					
11. Address of party filing charge (street, city, state and ZIP code)	11a. Tel. No.	(b) (6), (b) (7)(C	c. Fax No.		
(b) (6), (b) (7)(C)		(b) (b), (b) (7)(C	·).		
	d. e-m//(C)	(h) (7)(C)	4		
	(b) (6)	, (b) (7)(C)			
12 DECLARATION		Tel. No.			
(b) (6), (b) (7)(C) a above charge and it of my knowledge	nd that the statements				
(b)	(6) (b) (7)(C)	Cell No.			
(D)) (6), (b) (7)(C)				
a) (i	Print/type name and title or office, if an	y) Fax No.			
		- - -			
(b) (6), (b) (7)(C)	Date 29APR1	e-mail			
Address (D) (D) (T)(C)	Date XTMINI	<u>C </u>			

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PRIVACY ACT STATEMENT

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On (b) (6). (b) (7)(C) 2018, (b) (6), (b) (7)(C) failed to promote me due to my Union activities. Then the employer interrogated and made an implied threat to me on August 29. From the very beginning, I had informed the APWU, Local 89, at multiple levels of what was going on, the continued harassment and ever increasingly hostile work environment. The charge was Collyer deferred on October 23rd 2018. The charge was deferred in no small part because of the union's, APWU Local 89, stated willingness to file a grievance alleging those three violations. On February 14, 2019, I informed the NLRB that the Union, APWU Local 89, had still not taken any action. Sam Schwartz of the NLRB followed up with the Union and found out that the Union had not filed a new grievance about these three issues. However the Union assured him that it would file said grievance. The Union still hadn't done so despite him setting a March 20th deadline to do it. The region decided to take this charge out of deferral and decided on the merits. Also no actions have been taken by the Union to assist me and I have missed out on multiple promotions and choice of assignments/schedules.

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
04-CC-238906	4/3/19

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

1. LABOR ORGANIZATION OR IT							
a. Name American Federation of Musicians of the United States and Canada, AFL-CIO, CLC				b. Union Representative to contact Jennifer P. Garner, in house counsel			
c. Address (Street, city, state, and ZIP code)				d. Tel. No. (212)869-	1330,x290	e. Cell No.	
1501 Broadway, Suite 600 New York, NY 10036-5503				f. Fax. No. (212) 768-	7452		
				g. e-mail garner@at	îm.org		
h. The above-named labor organization has engaged in and is engaged (ilst subsections). 8(b)(4)(i)(B) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.			of the Natio	onal Labor Re	lations Act, a	nd these unfair labor	
Within the past six months, the Union has violated Section 3 of its bylaws which threatens or cocrees employees to cea associated with organizations or establishments that are list	ise working	with or for	people w	ho have bee	n employed	byor are otherwise	
3. Name of Employer		4e. Tel. No. (215) 893-	5917	b. Cell No.		c. Fax No.	
Opera Philadelphia		d. e-mail devan@operaphila.org					
5. Location of plant involved (street, city, state and ZIP code)				6. Employe	r representati	ve to contact	
1420 Locust Street, Suite 210, Philadelphia, PA 19102				David B. Devan, General Director & President			
7. Type of establishment (factory, mine, wholesaler, etc.) firm that arranges musical performances	8. Identify primusical po	incipal produ	ct or service	:e	9. Number o variable	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) (b) (6), (b) (7)(C)		11a, Tel. No (b) (6), (b) (b, Cell No. (b) (6), (b)	(7)(C)	c. Fax No.	
		d. e-mall (b) (6), (b)	(7)(C)				
12. DECLARATION I declare that I have read the above charge (b) (6), (b) (7)(C) to the best of my knowle	N and that the	statements		C	Tel. No. b) (6), (b) (7)	(C)	
	(b) (6), (b) (7)(C)		Cell No. b) (6), (b) (7)	(C)	
(s aking chargo)	(Рипохура на	me end dae or	олюв, я апу)	Fex No.		
Address (b) (6), (b) (7)(C)		Date 4	3/19		e-mail b) (6), (b) (7	7)(C)	

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