

UNITED STATES OF AMERICA			WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-CB-24069	07 05/01/2019
INSTRUCTIONS: File an original of this charge with t occurred or is occurring.			
1. LABOR ORGANIZATIO	N OR ITS AGENTS A	GAINST WHICH CHARGE IS I	
a. Name UNITE HERE! Local 49		 b. Union Representative Christian Rak, Pre 	
			nion Representative (b) (6), (b) (7)
		Gary Navarro, Un	ion Representative
c. Address		d. Tel. No.	e. Cell No.
1796 Tribute Road, Suite 200, Sacramento,	CA 95815	(916)564-4949	(916)384-6898
		f. Fax No.	g. e-Mail
		(916)564-4950	chrisrak@unitehere.org
 The above-named labor organization or its agents have 			
8(b)(1)(A) of the National Labor Relations Act, and the			
the Act, or are unfair practices affecting commerce wi			
2. Basis of the Charge (set forth a clear and concise stat			labor practices)
	See attac	hment	
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Graton Economic Development Auth	ority		
d/b/a Graton Resort and Casino		4c, Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP	code)	fi Employer representati (b) (6), (b) (7)(C)	live to contact
630 Park Court, Rohnert Park, CA 94928-79	906		Soui Navuer
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	ict or service	9. Number of Werkers employed
casino	casino		600
10. Full name of party filing charge		11a, Tel. No.	11b. Cell No.
(b) (6), (b) (7)(Ĉ)		(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mait
			(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and)	Z/P code)		
(b) (6), (b) (7)(C)			
	12. DECLAR	ATION	
I declare that I have read the above charge an	d that the statemen	ts therein are true to the bo	est of my knowledge and bellef.
	(b) (6), (b) (7)(C)	Tel No.
(b) (6), (b) (7)(C)	(b) (b), (b))(7)(0)	
	An Indiv	vidual	(b) (6), (b) (7)(C)
(signature of representative of person making charge)		ame and title or office, if any	Cell No.
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)			
		5/1/19	e-Mail
		9.11	(b) (6), (b) (7)(C)

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

20-CB-240697 05/01/2019

Attachment

- (1) The Union has failed and refused to process, and/or has delayed in processing, the grievance filed by ^{(b) (6), (b) (7)(C)} concerning ^(c)) discharge, for reasons that are arbitrary, capricious and/or discriminatory.
- (2) The Union unreasonably delayed in its investigation of the grievance by failing to schedule ahead of time to review the Employer's video evidence, resulting in delays in the scheduling of grievance meeting and mediation.
- (3) The Union has delayed in rescheduling a mediation, which was originally scheduled for^{(b) (6), (b) (7)(C)} 2019.
- (4) The Union initially committed to taking the grievance concerning ^{(b)(6),(b)(7)(C)} discharge to mediation, but on or about ^{(b)(6),(b)(7)(C)} 2019, informed ^{(b)(6),(b)(7)(C)}</sup> that it was "unsure" if Union would pursue grievance to mediation, without stating any reason.
- (5) The Union by its representative (b) (6), (b) (7)(C) has repeatedly failed and refused to respond to inquiries from (b) (6), (b) (7)(C) as to the status of grievance.
- (6) The Union by its representative ^(b) (6), (b) (7)(C)</sup> made negative comments to employees in the bargaining unit about ^(b) (6), (b) (7)(C)</sup> because was contacting to pursue prievance.

INTERNET			/	/		FORM EXEMPT UNDER 44 U.S.C 3512
FORM NLRB-508 (2-08)	UNITEL ATES OF AMERIC NATIONAL LABOR RELATIONS E		· · · · · · · · · · · · · · · · · · ·	DON	NOT WRITE	IN THIS SPACE
	ARGE AGAINST LABOR ORGA OR ITS AGENTS		Case 20-	-CB-24		Date Filed 5/2/2019
INSTRUCTIONS: File an origin	al with NLRB Regional Director for th	e region in which the	alleged unfa	air labor pr	actice occurr	ed or is occurring.
	1. LABOR ORGANIZATION OR IT	S AGENTS AGAINS	ST WHICH CI	HARGE IS	BROUGHT	
a. Name			b.	Union Re	presentative	to contact
IBEW				Kenneth	J Laguana	
				Title [,] Ass	t. Business A	Agent
				1110. 7100		igent
c. Address (Street, city, state, a	nd ZIP code)		d.	Tel. No.		e. Cell No.
			(6	671) 472-4	4028	
700 Bishop St., Suite 1600 HI Honolulu 96813-			f.	Fax No.		g. e-Mail
						KLaguana@ibew1260.org
subsection(s) <i>(list subsection</i> are unfair practices affecting meaning of the Act and the P	commerce within the meaning of the ostal Reorganization Act.	Act, or these unfair la	of the Nationa abor practices	al Labor Re s are unfai	elations Act, r practices a	
2. Basis of the Charge (set for	th a clear and concise statement of t	he facts constituting	the alleged u	nfair labor	practices)	
See additional page	<u>}</u>					HON BUS
						HONOLULU, HAWAII
						DIG NA REC
						E SAR
						, HAV
						NA CO NA
						Contraction - Manual of
3. Name of Employer			42	a. Tel. No		b. Cell No.
Pacific Waste Systems				371) 646-2		(671) 486-4259
			C.	Fax No.		d. e-Mail
						BJCruz@pacificwastesystems.com
5. Location of plant involved (si	treet, city, state and ZIP code)		l		6 Employ	ver representative to contact
265 Mamis Street					Betty Jo	
GU Tamuning 96913					Title: Ma	nager
7. Type of establishment (facto	ry, mine, wholesaler, etc.)	8. Identify principa	al product or :	service	9. Numbe	er of workers employed
Waste Management Services		haul waste	•		15	
10. Full name of party filing cha			11	la. Tel. No	1	b. Cell No.
Betty Jo Cruz				646-2		(671) 486-4259
Pacific Waste Systems			c .	Fax No.		d. e-Mail
11. Address of party filing char	ge (street, city, state and ZIP code.)		(6	649-0 (120	BJCruz@pacificwastesystems.com
265 Mamis Street						· · · · · · · · · · · · · · · · · · ·
GU Tamuning 96913-3703						
I declare that I have read the above cha	12. DECLARATION rge and that the statements therein are true t	o the best of my knowled	de and belief	Те	l. No. (671) 6	46-2267
Jonathan M. Sutton		Betty Jo Cruz	ge and benen.	Ce	(0, 1) 0 II No.	
By(signature of representative of	or person making charge) (Print/tun	e name and title or o	ffice if any)			86-4259
1-9		Title: Manage	• • • •	Fa	x No.	
OFF Momin Chart		merinanaye	~		·· · · · ·	49-0120
265 Mamis Street Tamuning GU 96913	-3703		05/00040 40-		Mail B ICrus	anacificwastosystems com
Address	·····	(da	te)	06:50	DJUIUZ	z@pacificwastesystems.com
WILLFUL FALSE STATEMEN	ITS ON THIS CHARGE CAN BE PU	NISHED BY FINE A	ND IMPRISC	NMENT (U.S. CODE,	TITLE 18, SECTION 1001)

Basis of the Charge

•(

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.

RB SUB-REGION 37

HONOLULU, HAWAII

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD		Case	Date filed		
AGENTS					
INSTRUCTIONS: File an original of this charge with th occurred or is occurring.	e NLRB Regional D	irector of the region in whic	h the alleged unfair labor practice		
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT					
a. Name		b. Union Representative to			
Roofer's and Water Proofers Local Union 40		Jose Padilla			
		Union Representative			
c. Address		d. Tel. No.	e.e. Cell No.		
150 Executive Park Blvd., Suite 3625, San Fi	rancisco, CA	(415)508-0261			
94134		f. Fax No. (415)508-0321	g. e-Mail		
h. The above-named labor organization or its agents have	e engaged in and are	engaging in unfair labor prac	tices within the meaning of section		
8(b), subsection(s) 1 of the National Labor Relations A	ct, and these unfair la	abor practices are unfair pract	ices affecting commerce within the		
meaning of the Act, or are unfair practices affecting cor 2. Basis of the Charge (set forth a clear and concise state)	ment of the facts con	eaning of the Act and the Posi stituting the alleged unfair lab	tal Reorganization ACL		
Within the last six months of filing this charge					
employees in the exercise of rights protected	-	-	·		
(0)(0)(0)(0)(0) regarding (0)(0) Employer's violations of					
reasons or in bad faith.		argaining agreement to	a strary of discriminatory		
3. Name of Employer		4a. Tel. No.	4b. Cell No.		
Izmirian Roofing & Sheet Metal					
		4c. Fax No.	4d. e-Mail		
		(650)342-6157			
5. Location of Plant involved (street, city, state, and ZIP co		6. Employer representative	to contact		
229 S. Railroad Avenue, San Mateo, CA 944		Luther Izmirian			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	a of service	9. Number of Workers employed		
Construction 10. Full name of party filing charge	Roofing	11a, Tel. No.	15 11b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and Zi	P code)	1			
(b) (6), (b) (7)(C)					
	12. DECLARA	TION			
I declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief.		
•			Tel No.		
(b) (6), (b) (7)(C)					
By:	(b) (6), (b) (7)	(C) Individual	(b) (6), (b) (7)(C)		
(signature of representative or person making charge)	me and title or office, if any				
·					
Address:		Date:	Fax No.		
(b) (6), (b) (7)(C)		-la han			
ۍ 🐮		5/2/104	e-Mail (b) (6), (b) (7)(C)		
, = 3					
<u> </u>					
TLLFUL FALSE STATEMENTS ON THIS CHARGE CAN B	E PUNISHED BY FI	NE AND IMPRISONMENT (U	U.S. CODE, TITLE 18, SECTION 1001)		

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 voluntar flowever, failure to supply the information will cause the NLRB to decline to invoke its processes.

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

FORM EXEMPT	UNDER 44	U.S.C 3512
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	DO NOT WRIT	TE IN THIS SPACE		
Case		Date Filed		
	20-CB-240802	May		

May 3, 2019

INSTRUCTIONS: File an original with NLRB Regional Director for the				
1. LABOR ORGANIZATION OR IT: a. Name	S AGENTS AGAINST WHICH	b. Union Rep		
SEIU		Sam I don		
		Title:		
		Title.		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
828 W. Washington Blvd		(510) 437-81	808	(b) (6), (b) (7)(C)
CA Los Angeles 90015		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 A meaning of the Act and the Postal Reorganization Act.	of the Nati	onal Labor Rel	ations Act	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)	
				HO III R
See additional page				á a l
				-REGION -REGION 3 AM II:
				HAW/
				A 7 87
3. Name of Employer		4a. Tel. No.		b. Cell No.
Blackstone Consulting Inc		(808) 432-79	20	
		c. Fax No.		d. e-Mail
		}		
5. Location of plant involved (street, city, state and ZIP code)		•		yer representative to contact
11726 San Vicente Blvd, Suite #550 CA Los Angeles 90049-			Kurt Sm Title: Dire	
7. Type of establishment (factory, mine, wholesaler, etc.)			L	
	8. Identify principal product	or service		er of workers employed
Security Systems & Services		11a. Tel. No.	100	b. Cell No.
10. Full name of party filing charge		(b) (6), (b) (7)		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mail
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	ef. Tel.	No. (b) (6), ((b) (7)(C)
÷)	(6), (b) (7)(C)	Cell		(b) (7)(C)
(signature of representative or person making charge) (Print/type	name and title or office, if an	/) Fax		(b) (7)(C)
(b) (6), (b) (7)(C)	Title:			
	05/2/2044	e-M		
Address	(date)	11:03:34		, (b) (7)(C)
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUT	NISHED BY FINE AND IMPR	ISONMENT (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.

111 MAY -> MM 11: 55 RECEIVED

HONJLULU, HAWAII

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION AGENTS INSTRUCTIONS: File an original of this charge with the occurred or is occurring. 1. LABOR ORGANIZATION a. Name UNITE HERE! LOCAL 5 c. Address 1516 S. King Street, Honolulu, HI 96826	N OR ITS ne NLRB Regi	Case 20-CB-240899 ional Director of the region in whi ITS AGAINST WHICH CHARGE IS B b. Union Representative Eric Gill	ROUGHT
AGENTS INSTRUCTIONS: File an original of this charge with th occurred or is occurring. 1. LABOR ORGANIZATION a. Name UNITE HERE! LOCAL 5 c. Address	ne NLRB Regi	Ional Director of the region in whi ITS AGAINST WHICH CHARGE IS B b. Union Representative	ich the alleged unfair labor practice
a. Name UNITE HERE! LOCAL 5 c. Address	_	NTS AGAINST WHICH CHARGE IS B b. Union Representative	ROUGHT
1. LABOR ORGANIZATION a. Name UNITE HERE! LOCAL 5 c. Address	I OR ITS AGEN	 b. Union Representative 	
a. Name UNITE HERE! LOCAL 5 c. Address		 b. Union Representative 	
c. Address		Eric Gill	lo Contact
		LIC OII	
		Financial Secretar	y Treasurer
1516 S. King Street, Honolulu, HI 96826		d. Tel. No.	e.e. Cell No.
		(808)941-2141	
		f. Fax No.	g. e-Mail
		(808)941-2166	egill@5.unitehere.org
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 2. Basis of the Charge (set forth a clear and concise state) 	ons Act, and th g commerce w ement of the fa	ese unfair labor practices are unfair ithin the meaning of the Act and the acts constituting the alleged unfair la	r practices affecting commerce within Postal Reorganization Act. abor practices)
Within the past six months, the abo its members in bargaining.	ove-name	d labor organization fa	ailed to fairly represent
3. Name of Employer		4a. Tel. No.	4b. Cell No2 3 20
Turtle Bay Resort		(808)293-6000	
		4c. Fax No.	4d. e-Mailr
5. Location of Plant involved (street, city, state, and ZIP c		6. Employer representativ	
	000)		and the second
57-091 Kamehameha Highway Kahuku, HI 96731		Jerry Gibson, Vice	A I OO
7. Type of Establishment (factory, mine, wholesaler)	8. Principal	product or service	9. Number of Workers employed
Hotel	Lodging		100+ =
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	(IP code)		
(b) (6), (b) (7)(C)	-		
	12. DEC		
I declare that I have read the above charge and			st of my knowledge and holiof
r deciare macrinave read the above charge and	ana tie state	vincentes therein are true to the bes	Tel No.
_B (b) (6), (b) (7)(C)			
	(b) (6),	, (b) (7)(C)	
(s	Print/t	type name and title or office, if any	Cell No. (b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		5/6/2019	
		0,0,2019	e-Mail
			(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
	NATIONAL LABOR RELATIONS BOARD		Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		20-CB-240898	5/6/2019
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	AINST WHICH CHARGE IS BR	OUGHT
a. Name		b. Union Representative to	
UNITE HERE! LOCAL 5		Eric Gill	
		Financial Secretary	Treasurer
c. Address		d. Tel. No.	e.e. Cell No.
1516 S. King Street, Honolulu, HI 96826		(808)941-2141	
		f. Fax No.	g. e-Mail
		(808)941-2166	egill@5.unitehere.org
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 	ns Act, and these unf commerce within the	air labor practices are unfair p meaning of the Act and the	practices affecting commerce within Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise state	ement of the facts con	stituting the alleged unfair lab	or practices)
		a ana	0 7
Failed to fairly represent its member	er, (b) (6), (b) (7)(^{C)} in a grievance n	natter.
್ ಮಾಡುಗಳು ಅವರು ಸಂಗ್ರಾಮವಾಗಿದ್ದಾರೆ. - ಮಾಡುಗಳು ಅವರು ಸಂಗ್ರಾಮವಾಗಿದ್ದಾರೆ. ಇದು ಕ್ರಿಯಾನ್ ಮಾಡುಗಳು ಮಾಡುಗಳು ಮಾಡುಗಳು ಮಾಡುಗಳು ಮಾಡುಗಳು ಸಂಗ್ರೆಯು ಸಂಗ್ರೆಯು ಸಂಗ್ರೆಯ	an da an	a sa ang ang ang ang ang ang ang ang ang an	<u> </u>
3. Name of Employer		4a. Tel. No.	4b Cell No
Turtle Bay Resort		(808)293-6000	
		4c. Fax No.	4d. e-Mall
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representative	P2
57-091 Kamehameha Highway		Jerry Gibson, Vice I	
Kahuku, HI 96731			resident
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	L or service	9. Number of Workers employed
Hotel	Lodging		100+
10. Full name of party filing charge	Lodging	11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	(IP code)	•·	
	r.		
(b) (6), (b) (7)(C)	12. DECLARA	10N	
I declare that I have read the above charge and	I that the statements	therein are true to the best	
_{By} (b) (6), (b) (7)(C)	(b) (6), (b) (7)(0	91	Tel No.
(si		me and title or office, if any	Cell No. (b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		5/6/2019	e-Maił
			(b) (6), (b) (7)(C)
Las			

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-03-241214		
INSTRUCTIONS: File an original of this charge with th occurred or is occurring.	e NLRB Regional D	irector of the region in whic	h the alleged unfair labor practice	
	OR ITS AGENTS AG	AINST WHICH CHARGE IS BRO	DUGHT	
a. Name		b. Union Representative to	Contact	
UNITE HERE! Local 2		Michael Casey		
		President		
c. Address	······································	d. Tel. No.	e.e. Cell No.	
209 Golden Gate Ave., San Francisco, CA 9	4102	(415)864-8770	(510)431-5097	
		f. Fax No.	g. e-Mail	
 h. The above-named labor organization or its agents have 8(b)(1)(A) of the National Labor Relations Act, and the 	e engaged in and are	engaging in unfair labor pract	tices within the meaning of section	
the Act, or are unfair practices affecting commerce with	hin the meaning of the	Act and the Postal Reorgani	zation Act.	
2. Basis of the Charge (set forth a clear and concise state	ment of the facts con	stituting the alleged unfair lab	or practices)	
Within the past six months, the above-named	d labor organizati	on has restrained and c	oerced employees in the	
exercise of rights protected by Section 7 of th	-			
discriminatory or in bad faith, including by fai				
(b) (6), (b) $(7)(C)$ and by failing to comply v	with the settleme	nt agreement in Case 20)-CB-227405.	
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Moscone Center		· · · · · · · · · · · · · · · · · · ·		
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP c	oda)	6. Employer representative	to contact	
	uue)			
747 Howard St., San Francisco, CA 94103	8. Principal produc		n Resources Manager 9. Number of Workers employed	
7. Type of Establishment (factory, mine, wholesaler)				
Hospitality	Banquet Serv		100	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No.	
		(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail	
		,		
11. Address of party filing charge (street, city, state, and Z	IP code)			
(b) (6), (b) (7)(C)				
	12. DECLARA	FION		
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)				
By:		_		
	(b) (6), (b) (7)(C		(b) (6), (b) (7)(C)	
(sigi	Print/type na	me and title or office, if any	Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)				
		5-8-19	e-Mail	
			v	

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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		DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD		Case	Date filed			
	20-CB-241564	5/15/2019				
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice						
occurred or is occurring.	OR ITS AGENTS AG	AINST WHICH CHARGE IS BE	ROUGHT			
a. Name 2019 HAV 151. HABOR ORGANIZATION		b. Union Representative to	o Contact			
Unite Here! Local 2 SAN FRANCISCO, CA		Alexis Luna-Torres				
SAN FRANCISCO, CA		Field Representativ	e			
c. Address		d. Tel. No.	e.e. Cell No.			
209 Golden Gate Avenue, San Francisco, CA	94102	(415)864-8770	e.e. Cenno.			
	104102	f. Fax No.	g. e-Mail			
			9. U-Wall			
 h. The above-named labor organization or its agents have 8(b), subsection(s) 1 of the National Labor Relations Admeaning of the Act, or are unfair practices affecting con 2. Basis of the Charge (set forth a clear and concise state) 	ct, and these unfair la nmerce within the me	abor practices are unfair prace eaning of the Act and the Pos	tices affecting commerce within the tal Reorganization Act.			
Since about (0.0.0) 2019, the above-name						
eversise of rights protected by Section 7 of th	a Act by refusion	to arbitrate the griguer	f(b) (6), (b) (7)(C)			
exercise of rights protected by Section 7 of th						
regarding discharge for arbitrary or discrir	ninatory reasons	or in bad faith.				
3. Name of Employer		4a. Tel. No.	4b. Cell No.			
W Hotel						
		4c. Fax No.	4d. e-Mail			
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. Employer representative	to contact			
181 3rd Street, San Francisco, CA 94103		Wendy Hunter Director of Human Resources				
7. Type of Establishment (<i>factory, mine, wholesaler</i>)	8. Principal produc		9. Number of Workers employed			
Hotel	Hospitality		300			
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.			
(b) (6), (b) (7)(Ć)		(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 Zi	P code)					
(b) (6), (b) (7)(C)						
· ·	12. DECLARA					
I declare that I have read the above charge and	that the statements	therein are true to the bes				
(b) (6), (b) (7)(C)			Tel No.			
	(b) (6) (b)	(7)(C)Individual	(b) (6), (b) (7)(C)			
n making charge)	me and title or office, if any	Cell No.				
	1 motype na	and this of onloci it dify	(b) (6), (b) (7)(C)			
Address:		Date:	Fax No.			
(b) (6), (b) (7)(C)						
			^e (b) (6), (b) (7)(C)			
		05119-19				
<u> </u>						

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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UNITED STATES OF AMERICA	DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	20-CB-241619	05/15/2019
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.		
1. LABOR ORGANIZATION OR ITS AGENTS		
a. Name APWU, Local 66	b. Union Representative to Bobby Rodriguez, President	
c. Address 5301 Madison Ave, Ste 202, Sacramento, CA 95841	d. Tel. No. (916)927-6896	e.e. Cell No.
	f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents have engaged in an 8(b)(1)(A) of the National Labor Relations Act, and these unfair labor p the Act, or are unfair practices affecting commerce within the meaning 2. Basis of the Charge (set forth a clear and concise statement of the facts Since within the past six months, the above-named labor exercise of rights protected by Section 7 of the Act by refure regarding various issues for arbitrary or discriminatory real 	of the Act and the Postal Reorgan s constituting the elleged unfair leb organization has restrained using to process grievances	ng commerce within the meaning of ization Act. for practices) and coerced employees in the
3. Name of Employer USPS	4a. Tel. No. (916)373-8332	4b. Cell No.
	4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)	6. Employer representative	to contact
3775 Industrial Blvd, West Sacramento, CA 95691	Patrick Reedy, Man	ager Tour 3
	pal product or service	9. Number of Workers employed
Postal Service Processing & Distribution Center Hand	ling Letters & Parcels	300
10. Full name of party filing charge (b) (6), (b) (7)(C)	11a. ⊺el. No. (b) (6), (b) (7)(C)	11b. Cell No.
	11c. Fax No.	11d е-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street city, state, and ZIP code) (b) (6), (b) (7)(C)	<u>***</u> :	
12. DECL		at we have a dealer and half of
$\frac{1 \text{ declare that I have}}{(b) (6), (b) (7)(C)} (b) (6), (b) (7)(C) \frac{d \text{ that the statem}}{(b) (6), (b) (7)(C)} (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c$	nenis therein are true to the besi	Tel No.
By:	(h) (7)(C)	
	(b) (7)(C) be name and title or office, if any	(b) (6), (b) (7)(C) Cell No.
(signature of representative or person making charge) Print/typ	pe name and title or office, if any	Cell No.
(b) (b),		

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

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
	NATIONAL LABOR RELATIONS BOARD		Date filed	
AGENTS			05/17/2019	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.				
	OR ITS AGENTS AG	AINST WHICH CHARGE IS BRO		
a. Name Unite Here Local 2		b. Union Representative to Anand Singh president	Contact	
c. Address 209 Golden Gate Ave., San Francisco, CA 9	4102	d. Tel. No. (415)864-8054	e.e. Cell No.	
		f. Fax No.	g. e-Mail	
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 	ons Act, and these unit g commerce within the	fair labor practices are unfair p e meaning of the Act and the F	ractices affecting commerce within Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise state				
Within the past six months, the above-name	d labor organizati	on has restrained and co	perced employees in the	
exercise of rights protected by Section 7 of the	he Act by operatin	ng a hiring hall in a man	ner that was arbitrary.	
discriminatory or in bad faith. Specifically, the	• •			
situated (b) (6), (b) (7)(C) extras, from the hirir				
		io / i Elot.		
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Moscone Center				
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact	
747 Howard St., San Francisco, CA 94103		LaVon Smith Human	n Resources Manager	
7. Type of Establishment (<i>factory, mine, wholesaler</i>)	8. Principal produc		9. Number of Workers employed	
Events venue	Banquet servi		100	
10. Full name of party filing charge	Banquet bert	11a. Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and Z	(IP code)			
(b) (6), (b) (7)(C)	12. DECLARA	TION		
I declare that I have read the above charge and			of my knowledge and belief.	
			Tel No.	
(b) (6), (b) (7)(C)				
By:				
	(b) (6), (b) (
(signature of representation of making charge)	Print/type na	me and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address: (b) (6), (b) (7)(C)		Date:	Fax No.	
	-	05/17/19	^e (b) ⁱ (6), (b) (7)(C)	

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD)	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	N OR ITS	20-CB-242044	05/21/2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	e NLRB Regional Di	rector of the region in which	n the alleged unfair labor practice
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	AINST WHICH CHARGE SBRC	
a. Name UNITE HERE Local 2		b. Union Representative to Anand Singh President	ANANCICCO, C.
c. Address 209 Golden Gate Ave., San Francisco, CA 9	4102	d. Tel. No. (415)864-8770	e.e. Cell No.
		f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A)(of the National Labor Relation the meaning of the Act, or are unfair practices affecting 2. Basis of the Charge (set forth a clear and concise state 	ons Act, and these unf g commerce within the	fair labor practices are unfair p e meaning of the Act and the F	practices affecting commerce within Postal Reorganization Act.
Within the past six months, the above-name			
	-		
exercise of rights protected by Section 7 of the discriminatory or in bad faith. Specifically, the situated (b) (6), (b) (7)(C) extras, from the hiring	e Union has failed	d to promote (b) (6), (b) (7	
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Fairmont		4c. Fax No.	4d. e-Mail
 Location of Plant involved (street, city, state, and ZIP of 950 Mason Street, San Francisco, CA 94108 		6. Employer representative	to contact
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed
Hotel	Hospitality	11a. Tel. No.	250 11b. Cell No.
10. Full name of party filing charge (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	TTD. Cell No.
		11c. Fax No.	11 <u>d</u> e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and 2	ZIP code)		
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I d the above charge and	12. DECLARA		of my knowledge and belief.
By:	(b) (6), (b)		Tel No. (b) (6), (b) (7)(C)
(signature of representative or person making charge)		ime and title or office, if any	Cell No.
(b) (6), (b) (7)(C)		Date:	Fax No.
		5/21/2010	e-Mail (b) (6), (b) (7)(C)

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

FORM EXEMPT UNDER 44 U.S.C 3512

5/21/2019

Case 20-CB-241945

DO NOT WRITE IN THIS SPACE

Date Filed

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	S AGENTS AGAINST WHICH			
a. Name		D. Union F	Representative	to contact
California Nurses Association - National Nurses United		Amihan	Milman	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No).	e. Cell No.
155 Grand Avenue		(510) 273	-2200	
CA Oakland 94612-		f. Fax No.		g. e-Mail
		(510) 663-	-1625	AMilman@CalNurses.Org
h. The above-named organization(s) or its agents has <i>(have)</i> engaged subsection(s) <i>(list subsections)</i> (3) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Meti	anal Lahar I	Deletione Act	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labo	or practices)	
See additional page				
3. Name of Employer		4a. Tel. N		b. Cell No.
3. Name of Employer Marin General Hospital		(415) 471	-3100	
		(415) 471 c. Fax No	- 3100	d. e-Mail
		(415) 471	- 3100	
		(415) 471 c. Fax No	-3100 -3400 6. Employ	d. e-Mail david.reis@arnoldporter.com yer representative to contact
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor		(415) 471 c. Fax No	-3100	d. e-Mail david.reis@arnoldporter.com /er representative to contact Reis
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code)		(415) 471 c. Fax No	-3100	d. e-Mail david.reis@arnoldporter.com yer representative to contact
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor	8. Identify principal product	(415) 471 c. Fax No (415) 471-	-3100	d. e-Mail david.reis@arnoldporter.com /er representative to contact Reis
Marin General Hospital 5. Location of plant involved (<i>street, city, state and ZIP code</i>) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024	8. Identify principal product	(415) 471 c. Fax No (415) 471-	-3100	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital
 Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 	8. Identify principal product	(415) 471 c. Fax No (415) 471-	-3100	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge	8. Identify principal product	(415) 471 c. Fax No (415) 471- or service	-3100	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital er of workers employed
 Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson 	8. Identify principal product	(415) 471 c. Fax No (415) 471- or service 11a. Tel.	-3100 .3400 6. Employ David J. Title: Atto 9. Numbe No. .7044	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital er of workers employed
Marin General Hospital 5. Location of plant involved (<i>street, city, state and ZIP code</i>) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (<i>factory, mine, wholesaler, etc.</i>) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital	8. Identify principal product	(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925	-3100 .3400 6. Employ David J. Title: Atto 9. Numbe No. .7044	d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis orney for Marin General Hospital er of workers employed b. Cell No.
 Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 	8. Identify principal product	(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925	-3100 .3400 6. Employ David J. Title: Atto 9. Numbe No. .7044	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital er of workers employed b. Cell No. d. e-Mail
 Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 250 Bon Air Road 	8. Identify principal product	(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925	-3100 .3400 6. Employ David J. Title: Atto 9. Numbe No. .7044	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital er of workers employed b. Cell No. d. e-Mail
Marin General Hospital 5. Location of plant involved (<i>street, city, state and ZIP code</i>) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (<i>factory, mine, wholesaler, etc.</i>) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (<i>street, city, state and ZIP code.</i>) 250 Bon Air Road CA Greenbrae 94904- 12. DECLARATION		(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925- c. Fax No	-3100 	 d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis prmey for Marin General Hospital er of workers employed b. Cell No. d. e-Mail levinsj@maringeneral.org
 Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 250 Bon Air Road CA Greenbrae 94904- 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	(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925- c. Fax No	-3100	d. e-Mail david.reis@arnoldporter.com yer representative to contact Reis orney for Marin General Hospital er of workers employed b. Cell No. d. e-Mail
Marin General Hospital 5. Location of plant involved (<i>street, city, state and ZIP code</i>) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (<i>factory, mine, wholesaler, etc.</i>) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (<i>street, city, state and ZIP code.</i>) 250 Bon Air Road CA Greenbrae 94904- 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By David Reis		(415) 471 c. Fax No (415) 471- or service 11a. Tel. I (415) 925- c. Fax No	-3100 	 d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis prmey for Marin General Hospital er of workers employed b. Cell No. d. e-Mail levinsj@maringeneral.org
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 250 Bon Air Road CA Greenbrae 94904- I declare that I have read the above charge and that the statements therein are true to By	the best of my knowledge and belie	(415) 471: c. Fax No (415) 471- or service 11a. Tel. 1 (415) 925- c. Fax No c. Fax No	-3100	 d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis prmey for Marin General Hospital er of workers employed b. Cell No. d. e-Mail levinsj@maringeneral.org
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 250 Bon Air Road CA Greenbrae 94904- I declare that I have read the above charge and that the statements therein are true to By	the best of my knowledge and belia David J. Reis name and title or office. if an	(415) 471: c. Fax No (415) 471- or service 11a. Tel. 1 (415) 925- c. Fax No c. Fax No ef.	-3100 -3400 6. Employ David J. Title: Atto 9. Number No. -7044 Tel. No. (415) 4 Cell No. ax No.	 d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis prmey for Marin General Hospital er of workers employed b. Cell No. d. e-Mail levinsj@maringeneral.org
Marin General Hospital 5. Location of plant involved (street, city, state and ZIP code) Arnold & Porter Kaye Scholer LLP 3 Embarcadero Center, 10th Floor CA San Francisco 94111-4024 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge Jennifer Levinson Marin General Hospital 11. Address of party filing charge (street, city, state and ZIP code.) 250 Bon Air Road CA Greenbrae 94904- 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By David Reis (signature of representative or person making charge) (Print/type)	the best of my knowledge and belia David J. Reis name and title or office, if an Title: ^{Attorney for Marin General}	(415) 471: c. Fax No (415) 471- or service 11a. Tel. 1 (415) 925- c. Fax No c. Fax No ef.	-3100 -3400 6. Employ David J. Title: Atto 9. Number No. -7044 -	 d. e-Mail david.reis@arnoldporter.com ver representative to contact Reis prmey for Marin General Hospital er of workers employed b. Cell No. d. e-Mail levinsj@maringeneral.org

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)(3)

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

UNITED STATES OF AMERICA		<u> </u>		RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	0	Cas		Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS			-CB-242277	5/24/2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional Di	recto	r of the region in whic	h the alleged unfair labor practice
1. LABOR ORGANIZATION	OR ITS AGENTS AGA	NNST	WHICH CHARGE IS BRO	OUGHT
a. Name			Union Representative to	
National Association of Letter Carriers, Brand	ch 214			
			Ophelia, Union Pres	sident
c. Address			Tel. No.	e.e. Cell No.
2310 Mason Street, 3rd Floor, San Francisco	CA 94133	Ŭ.		
	0, 0, 0, 0, 100	f. F	ax No.	g. e-Mail
				ophir214@gmail.com
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1) (A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 	ons Act, and these un g commerce within the	fair la mea	bor practices are unfair ning of the Act and the f	tices within the meaning of section practices affecting commerce within Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise state			•	
Within the past six-months, the above-name	d labor organizati	on h	as restrained and c	oerced employees in the
exercise of rights protected by Section 7 of the	he Act by refusing	j to p	process the grievan	ce of (b) (6), (b) (7)(C)
regarding USPS's failure to properly review	^{(b) (6), (b) (7} form, by v	vaivi	ng USPS' obligatio	n to take responsibility for its
overpayment to (0.6.0) and by waiving USPS'			+ -	
for arbitrary or discriminatory reasons or in b	• • •		for running to bornip	i mar a griotanee eeuenien
	au laiul.			
3. Name of Employer		4a.	Tel. No.	4b. Cell No.
United States Post Service				
		4c.	Fax No.	4d. e-Mail francia.b.finnigan@usps.g ov
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. E	Employer representative	
151 Mendell Street, San Francisco, CA 9412	-		rancesca Finneaga	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product			9. Number of Workers employed
				100
Postal Service 10. Full name of party filing charge	Mail	110	. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		_		
(b)(0), (b)(1)(0)			b) (6), (b) (7)(C)	
		110	. Fax No.	11 <u>d</u> e-Mail
				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and 2	(IP code)			
(b) (6), (b) (7)(C)				
	12. DECLARAT			
(b) (6), (b) (7)(C)	statements	there	ein are true to the best	of my knowledge and belief.
				Tel No.
	b) (6) (b)) (7)	$\langle \mathbf{C} \rangle$	(b) (6), (b) (7)(C)
	b) (6), (b)(/)	d title or office, if any	Cell No.
	- invige ha	ne al	id the of onice, it any	
			Date:	Fax No.
(b) (6), (b) (7)(C)				e-Mail
			05/21/3019	(b) (6), (b) (7)(C)

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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	DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	20-CB-242121	5/23/2019
INSTRUCTIONS: File an original of this charge with the NLRB Regional D occurred or is occurring.		-
1. LABOR ORGANIZATION OR ITS AGENTS AG		
 a. Name University Professional and Technical Employees (UPTE) 	b. Union Representative to	Contact
Local 7	(b) (6), (b) (7)(C)	
c. Address	d. Tel. No.	e. Cell No.
1498 9 th Ave.	415-753-8783	
San Francisco, CA 94122	f. Fax No.	g. (b) (6), (b) (7)(C)
h. The above-named labor organization or its agents have engaged in and are 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these uni the meaning of the Act, or are unfair practices affecting commerce within the	air labor practices are unfair p	practices affecting commerce within
2. Basis of the Charge (set forth a clear and concise statement of the facts con	stituting the alleged unfair lab	or practices)
		4

Within the last six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to assist its members in changing the Employer's policy regarding vacation/holiday leave for arbitrary or discriminatory reasons or in bad faith.

3. Name of Employer .		4a. Tel. No.	4b. Cell No.
		4153534844	
UCSF Medical Center		4c. Fax No.	4d. e-Mail
		4153534877	Anita.Ki@ucsf.edu
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representativ	e to contact
185 Berry Street, Ste. 290		Anita Ki	
San Francisco, CA 94107			•
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	ict or service	9. Number of Workers employed
Medical Center	Health Servi	ces .	
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
· *.			(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		11c. Fax No.	11d e-Mail
			(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	(IP code)	·	
(b) (6), (b) (7)(C)	-		
	12. DECLARA	ATION	· · · · · · · · · · · · · · · · · · ·
I declare that I have read the above charge and	I that the statement	ts therein are true to the bes	st of my knowledge and belief.
			Tel No.
(b) (6), (b) (7)(C)			
By:	.		
	Individu	al - ^{(b) (6), (b) (7)(C)}	
(signature of representative or person making charge)	· · Print/type n	ame and title or office, if any	Cell No.
			See above
Address:		Date:	Fax No.
See above			
		52519	e-Mail
			see above

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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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UNITED STATES OF AMERICA		RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR I AGENTS	20-CB-242207	
INSTRUCTIONS: File an original of this charge with the NLRI occurred or is occurring.		
1. LABOR ORGANIZATION OR ITS a. Name	AGENTS AGAINST WHICH CHARGE IS BRO	
ATSE Local 16	 b. Union Representative to Steve Lutge 	Contact
	Head Business Ager	at .
c. Address	d. Tel. No.	e.e. Cell No.
240 2nd Street, #100, San Francisco, CA 94105	(415)441-6400 f. Fax No.	g. e-Mall
 The above-named labor organization or its agents have engage 8(b), subsection(s) (1)(A) and (2) of the National Labor Relation 	ns Act, and these unfair labor practices are	unfair practices affecting commerce
within the meaning of the Act, or are unfair practices affecting	commerce within the meaning of the Act and	the Postel Reorganization Act.
2. Basis of the Charge (set forth a clear and concise statement of	- •	
Since around March 5, 2019, the above-named lab	-	
exercise of rights protected by Section 7 of the Act	by operating a hiring hall in a mann	ner that was arbitrary,
discriminatory or in bad faith.		
Since around March 5, 2019, the above-named lab	or organization has refused to refer	(b) (6), (b) (7)(C) for
employment for reasons other than the failure to te		
3. Name of Employer	4a. Tel. No.	4b, Cell No.
	40. 101. 140.	
Presentation Services	R(5) 546 50 + 1	
Presentation Services	45 546-5077	
2 NEW KORGENHOUNDER SF, CA 94	RIOS 4C. Fax No.	4d. e-Mail
2 WOW WHAT AND WERY OF CA 94 5. Location of Plant involved (street, city, state, and ZIP code)	4. Fax No. 6. Employer representative t	4d. e-Mail
2 NOW KONGENOHDENST. ST, CA 94	4c. Fax No.	4d. e-Mail
2 WEW HOLAENOHDEY 87. SF, CA 94 5. Location of Plant involved (street, city, state, and ZIP code)	4c. Fax No.	4d. e-Mail
2 WEW HOLA CONVEYST. SF, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print	4C. Fax No. 6. Employer representative t nclpal product or service	4d. e-Mail to contact
2 WEW WHAt contributed (Street, city, state, and ZIP code) 5. Location of Plant involved (Street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 8. Print	6. Employer representative t	4d. e-Mail to contact 9. Number of Workers employed
2 WEW HOLA CONVEYST. SF, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print	ALOS 4c. Fax No. 6. Employer representative t incipal product or service dio and Visual Services	4d. e-Mail to contact 9. Number of Workers employed 1000
2 NEW MAtenohiery 8t . St, CA 91 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Euß name of party filling charge	4c. Fax No. 6. Employer representative t notpal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C)	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Celi No.
2 NEW MAtenohiery 8t . St, CA 91 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Euß name of party filling charge	ALOS 4c. Fax No. 6. Employer representative t incipal product or service dio and Visual Services 11a. Tel. No.	4d. e-Mail to contact 9. Number of Workers employed 1000
2 NEW MAtenandery 8t - 55, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print Event Coordinator 10. Euß name of party filling charge (b) (6), (b) (7)(C)	4c. Fax No. 6. Employer representative t ncipal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No.
2 NGN MARCOMBELLS (Street, city, state, and ZIP code) 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print Event Coordinator 10. Euß name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and ZIP code)	4c. Fax No. 6. Employer representative t ncipal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No.
Q WEW MAKE SHARY St. SF, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print Event Coordinator 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)	4c. Fax No. 6. Employer representative t ncipal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Celi No.
Q WEW WHAtershulley St. Sp. CA 944 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print Event Coordinator 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) (c), (b) (7)(C)	ALOS 4c. Fax No. 6. Employer representative t nclpal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C)
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2 WEW WHATEROHIBELY ST, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. (6), (b) (7)(C) 13. State and that the	ALOS 4c. Fax No. 6. Employer representative to ncipal product or service dio and Visual Services 11a. Tel. No. (D) (6), (b) (7)(C) 11c. Fax No. DECLARATION a statements therein are true to the best of	4d. e-Mail 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C) of my knowledge and belief. Tel No.
2 WEW WHATEROHIBELY ST, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. (6), (b) (7)(C) 13. State and that the	ALOS 4c. Fax No. 6. Employer representative to ncipal product or service dio and Visual Services 11a. Tel. No. (D) (6), (b) (7)(C) 11c. Fax No. DECLARATION a statements therein are true to the best of	 4d. e-Mail o contact 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C) of my knowledge and belief.
2 WEW WHATEROHIBELY ST, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. (6), (b) (7)(C) 13. State and that the	ALOS 4c. Fax No. 6. Employer representative t nclpal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C) of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)
2 WEW WHATEROHIBEY ST, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). 8. Print Event Coordinator 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. (6), (b) (7)(C) 12. 13. Print (factory, mine, wholesaler). (b) (c), (c) (c) 14. Address of party filling charge (street, city, state, and ZIP code) (b) (c), (c) (c) 15. Coordinator 16. Full name of party filling charge (street, city, state, and ZIP code) (c) (c) (c) 16. (c) (c) (c) 17. Address of party filling charge (street, city, state, and ZIP code) (c) (c) (c) 18. Print (c) (c) 19. Coordinator 10. Full name of party filling charge (street, city, state, and ziP code) (c) (c) (c) 10. Coordinator 11. Address of party filling charge (street, city, state, and ziP code) (c) (c) (c) 12. Coordinator 13. Coordinator 14. Coordinator 15. Coordinator 16. Coordinator 17. Coordinator 18. Print (c) (c) 19. Coordinator 19. Coordinator 10. Full name of party filling charge (street, city, state, and ziP code) 10. Coordinator 11. Address of party filling charge (street, city, state, and ziP code) 11. Address of party filling charge (street, city, state, and ziP code) 11. Address of party filling charge (street, city, state, and ziP code) 12. Coordinator 13. Coordinator 14. Coordinator 15. Coordinator 16. Coordinator 17. Coordinator 18. Coordinator 19. C	ALOS 4c. Fax No. 6. Employer representative to ncipal product or service dio and Visual Services 11a. Tel. No. (D) (6), (b) (7)(C) 11c. Fax No. DECLARATION a statements therein are true to the best of	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C) of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)
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2 WEW WHATEROHIBELY ST, CA 94 5. Location of Plant involved (street, city, state, and ZIP code) 7. Type of Establishment (factory, mine, wholesaler). Event Coordinator 10. Event Coordinator 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. (6), (b) (7)(C) 13. Prival and the state of the state	4c. Fax No. 6. Employer representative t ncipal product or service dio and Visual Services 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. DECLARATION a statements therein are true to the best of (b) (6), (b) (7)(C) Philotype name and title or onice, if any	4d. e-Mail to contact 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C) Of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) Cell No.

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

(4-19) UNITED STATES OF AMERICA DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Case Date Filed CHARGE AGAINST LABOR ORGANIZATION 20-CB-242202 5/28/2019 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 BROUGHT a. Name b. Union Representative to contact (b) (6), (b) (7)(C) American Postal Workers Union Local # 6255 c. Address (Street, city, state, and ZIP code) d, Tel. No. (b) (6), (b) (7)(C P.O. Box 24823 671-734-3921 Barrigada, Guam 96921- 4823 f. Fax. No. g, e-mail (b) (6), (b) h. The above-named labor organization has engaged in and is engaging in unfair labor practices within the meaning of section 8(b) and (list subsections) of the National Labor Relations Act, and these unfair labor (1) (A) practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) ന Unfair Labor Misrepresentation ULU, HAWA 00 Œ 1 20 J 4a, Tel. No. b, Cell No. Name of Employer c. Fax No. 671-734-3921 671-687-5603 United States Postal Service d. e-mail 6. Employer representative to contact 5. Location of plant involved (street, city, state and ZIP code) Tammy G. Schoenen 489 Army Drive Barrigada, Guam 96921-9998 Postmaster, Guam 9. Number of workers employed 7. Type of establishment (factory, mine, wholesaler, etc.) Identify principal product or service United States Postal Service Mail, Package, and Customer Servie 70 - 80 10. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state and ZIP code) b. Cell No. 11a. Tel. No. c. Fax No. (6),(b) (7)(C (b) (6), (b) (7)(C) d, e-mail (b) (6), (b) (7)(C) Tel. No. 12. DECLARATION arge and that the statements

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

 (signature of representative or person making charge)
 (Print/type name and title or office, if any)
 Fax No.

 (b) (6), (b) (7)(C)
 24 May 2019
 e-mail

 (b) (6), (b) (7)(C)
 Date
 (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 NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THE	S SPACE
Case 20-CB-242315	Date Filed 05/28/2019

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

		Je se			
1. LABOR ORGANIZATION OR	ITS AGENTS	AGAINST WHICH CHARG	GE IS BROU	GHT	
a. Name Service Employees International Union, United Service W	orkers West		b. Union Re Denise So	presentative lis	to contact
c. Address (Street, city, state, and ZIP code) 1650 Harbor Bay Parkway			d. Tel. No. (510)224-0	5692	e. Cell No.
			f. Fax. No.		4 <u> </u>
			g. e-mail solisa@se	iulocal1877	l.org
 h. The above-named labor organization has engaged in and is en (1)(A) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act. 		of the Natio	nal Labor Re	lations Act, a	and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of	the facts const	lituting the alleged unfair la	abor practice	s)	20
Within the past six months, the above-named labor organi regarding ⁽¹⁾⁽¹⁾ removal from ⁽¹⁾⁽²⁾ position, because of discri	zation has fai iminatory, arl	iled and/or refused to p bitrary, and/or retaliato	process the gry reasons.	grievance o = - -	f(b) (6), (b) (7)(C)
3. Name of Employer SBM		4a. Tel. No. (650)720-2309	b. Cell No.	¢	c. Fax No. ပ်ာ ယ
		d. e-mail	I		· · · · · · · · · · · · · · · · · · ·
5. Location of plant involved (street, city, state and ZIP code) 501 Forbes Blvd. South San Francisco, CA 94080		I	6. Employer Russell W	representat loods	ive to contact
7. Type of establishment (factory, mine, wholesaler, etc.) janitorial company	8. Identify p janitorial s	principal product or service services	<u> </u>	9. Number 208	of workers employed
(b) (6), (b) (7)(C) ^{disc} the e				· · ·	
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)	b. Cell No.		c. Fax No.
		(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C) 12. DECLARATIC ad the above charg e best of my knowl	e and that the	statements	(b) (6), (b) (7	/)(C)
e best of my knowl	οσε(D) (O), (Individual		Cell No.	
charge)	(Print/type na	ame and title or office, if any)	F	Fax No.	
(b) (6), (b) (7)(C) Address		Date \$ 5-28-2	019	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			T WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO	DN OR ITS		
AGENTS	-	20-CB-242443	5/30/2019
INSTRUCTIONS: File an original of this charge with I	the NLRB Regions	Director of the region in v	which the alleged unfair labor practic
occurred or is occurring.			000000
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS	
a. Name Piledrivers Local 34		^b (b) (6), (b) (
Fileonvers Local 34			
c. Address		d. Tel. No.	e.e. Call No. (b) (6), (b) (7)(C)
55 Hegenberger Pl., Oakland, CA 94621		(b) (6), (b) (7)(C)	
		f. Fax No.	g. e-men
		<u> </u>	
 The above-named labor organization or its agents hat 8(b), subsection(s) (2) of the National Labor Relations 	va engageo in ano Act. acd these uni	are engaging in untair labor	practices within the meaning of section
meaning of the Act, or are unfair practices affecting of			
2. Basis of the Charge (set forth a clear and concise stat			
Within the last six months, the above-name	d labor organiza	ation has attempted to d	cause and caused Granite
Construction, LACO Associates and/or Critic			
			against and seek the discharge
(b) (6), (b) (7)(C) because of union and/or pro	otected concerte	ed activities.	
·			
3. Name of Employer Grapita Copatituation		4a. Tel. No.	4b. Cell No.
3. Name of Employer Granite Construction			
3. Name of Employer Granite Construction		4a. Tel. No. 4c. Fax No.	4b. Cell No. 4d. e-Mail
Granite Construction		4c. Fax No.	4d. e-Mail
Granite Construction 5. Location of Plant involved (streat, city, state, and ZIP)	code)	4c. Fax No. 6. Employer representa	4d. e-Mail ative to contect
 Granite Construction Location of Plant involved (street, city, state, and ZIP 4201 N. State Street, Ukiah, CA 95402 	-	4c. Fax No. 6. Employer representa Ben Gayski - On	4d. e-Mail ative to contact o Site Superintendent
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PRIVACY ACT STATEMENT