FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
20-CB-252738	12/2/2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	presentative	to contact
NALC		(b) (6), (l	o) (7)(C)	
		(b) (6)	(b) (7)	(C)
		(5) (5),	(2) (1)	(0)
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
, , , , , , , , , , , , , , , , , , , ,		(b) (6), (b) (7)	(C)	
888 3Rd Street CA Santa Rosa 95404-		f. Fax No.		g. e-Mail
CA Salita Rosa 93404				
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) angaging in un	fair labor proc	tions within t	the magning of section 9/h)
subsection(s) (list subsections) (1)(A)				and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A	ct, or these unfair labor practi	ces are unfair	practices af	fecting 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 allege	d unfair labor _l	oractices)	
See additional page				
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
USPS				
		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	ver representative to contest
			o. Employ	ver representative to contact
1601 Corporate Circle CA Petaluma 94954-			Title:	
	0 11 67			£dd
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service		er of workers employed
Others	Mail		1	
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(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 hest of my knowledge and helic		No. (b) (6), (t	o) (7)(C)
		Cell		-7(.)(-7
) (6), (b) (7)(C)	_	140.	
(MINUTYPE	name and title or office, if any	Fax	No.	
(b) (6) (b) (7)(C)	Title:			
(b) (6), (b) (7)(C)		e-M		(L) (Z)(O)
Address	(date) 12/1/2019	18 57:39	(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)

FORM EXEMPT UNDER 44 U.S.C 3512

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

DO NOT WRITE IN THIS SPACE				
Case 20-CB-252796	Date Filed 12/03/2019			

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

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	mair labor prac	ctice occurre	d or is occurring.		
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH					
a. Name		b. Union Representative to contact				
SEIU-United Service Workers West		Hal Bergold, Organizer				
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.		
1650 Harbor Bay Parkway, Suite 200		(510) 437-	8100	(510) 599-5225		
Alameda, CA 94502		f. Fax No.		g. e-Mail		
Alaineda, OA 34002				hal.bergold@seiu-usww.org		
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	nai Labor Rela	ations Act, a	nd these unfair labor practices		
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	ractices)			
Within the past six months, the above-named Union, by	its agents, officers and	representat	tives, viola	ated the duty of fair		
representation by dropping, without explanation, the dis		•		-		
take the grievance to arbitration.						
·						
Name of Employer		4a. Tel. No.		b. Cell No.		
Prospect International Airport Services, Inc.		(650) 821-	6208			
Prospect international Airport Services, inc.		c. Fax No.		d. e-Mail		
5. Leasting of all at invalue of detects of the state and 7/0 and 0		<u></u>	le Flev	er representative to contact		
5. Location of plant involved (street, city, state and ZIP code) SFO Address 606 N. McDonnell Rd.			, ,	bbas, Gen Mgr		
San Francisco, CA 94128			Abdui	obas, cen wgi		
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	07 000 100	9 Number	r of workers employed		
customer services at SFO	wheelchair services	200+		or or womens ompreyed		
	Wileelchail Services	11a. Tel. No.	1	b. Cell No.		
10. Full name of party filing charge (b) (6), (b) (7)(C)		i i a. Tel. No.		(b) (6), (b) (7)(C)		
(b) (c), (b) (1)(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)		Tel.	No.			
I declare that I have read the	the best of my knowledge and belie					
DV /\	(b) (7)(C)	Cell	No. (b) (6)	, (b) (7)(C)		
(signature of representative or person making charge) (Print/type	name and title or office, if any					
		Fax		را سستان المانا		
(b) (6), (b) (7)(C)	121.	e-M		DEC - 2 mag		
Address	(date)X \}-	9.41	w_{7}	OEC - 2 (0)8)		
	- Journal of the state of the s					

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

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Case 20-CB-252808

Date Filed 12/3/2019

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 IT	S AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	•		
a. Name		b. Union Representative to contact				
SEIU Local 2015		(b) (6), (b)	(7)(C)	b) (6), (b) (7)(C)		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.		
1645 California Street		(b) (6), (b) (7	7)(C)			
San Francisco, CA 94109		f. Fax No.		g. e-Mail (b) (6), (b) (7)(C)		
h. The above-named organization(s) or its agents has (have) engages subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the 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	he facts constituting the allege	d unfair labor p	oractices)	y.		
Within the past six months, the above-named Union, by	v its agents, officers and	representa	tives, vio	lated the duty of fair		
representation by failing and refusing to represent (b) (e schedule after returned from a pre-approved vacation)-			
Name of Employer San Francisco Health Care and Rehabilitation	·	4a. Tel. No. 415-563-0	565	b. Cell No.		
San Francisco Realth Care and Nehabilitation		c. Fax No.		d. e-Mail		
5. Location of plant involved (street, city, state and ZIP code) 1477 Grove Street San Francisco, CA 94117				oyer representative to contact Coleman, Manager		
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numb	per of workers employed		
nursing home	health care		100			
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No		b. Cell No.		
		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)				(5) (5), (5) (1)(5)		
12 DECLARATION	to the best of an incombance and ball	Tel.	No. (b) (6)	, (b) (7)(C)		
declare that (b) (6), (b) (7)(C) RATION (b) (6), (b) (6), (b) (6), (c)	b) (7)(C)	Cell	No.	, (b) (1)(O)		
(signatul	e name and title or office, if an	Fax	No.			
(b) (6), (b) (7)(C) Address	(date) Dec	22019 e-N	lail (b) (6), (b) (7)(C)		
ruuless	(uate) Dec	7				

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	ITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case	Date filed			
CHARGE AGAINST LABOR ORGANIZATION (AGENTS		20-CB-252932	12/4/2019		
INSTRUCTIONS: File an original of this charge with the I occurred or is occurring.	NLRB Regional Di	rector of the region in which	h the alleged unfair labor practice		
1. LABOR ORGANIZATION OF	R ITS AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT		
a. Name		b. Union Representative to			
Service Employees International Union,	[SEIU]	// A / O A / A / A / A / O A			
Local 2015		(b) (6), (b) (7)(C)			
c. Address		d. Tel. No.	e. Cell No.		
1645 California St, San Francisco, CA 94109	9	(b) (6), (b) (7)(C)			
		f. Fax No.	g. e-Mail		
-		L			
 h. The above-named labor organization or its agents have e 8(b), subsection(s) (1)(A) of the National Labor Relations the meaning of the Act, or are unfair practices affecting or 	Act, and these unfa	air labor practices are unfair	practices affecting commerce within		
Basis of the Charge (set forth a clear and concise statement)					
• • • • • • • • • • • • • • • • • • • •			. ,		
Within the past six months, the above-n	amed labor o	rganization has res	trained and coerced		
• •		•			
employees in the exercise of rights prot	•	-			
(b) (6), (b) (7)(C) in (b) (6), (c) grievances conce	-	• •			
Family Medical Leave; and the Ermploye	er's failure to	pay vacation as pr	ovided in the collective		
bargaining agreement.	,		į		
Janganing agreement					
3. Name of Employer	lma.	4a. Tel. No. 415 563 0565	4b. Cell No.		
San Francisco Health Care and Rebab, I	inc.	4r. Fax No.	4d. e-Mail		
d/b/a San Francisco Health Care		1 40. T 8X 110.	13. 5-141411		
5. Location of Plant involved (street, city, state, and ZIP code	9)	6. Employer representative	to contact		
1477 Grove Street, San Francisco, CA 94117					
	. Principal product	or service	Number of Workers employed		
Skilled nursing facility	Skilled nursing	g facility			
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		
		110.14410.	(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and ZIP	code)				
(b) (6), (b) (7)(C)					
	12. DECLARAT	ION			
I declare that I have read the above charge and th	at 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)	(b) (6), (b) (7)(C)		
(signature or representative or person making charge)	Print/type nar	ne and title or office, if any	Cell No.		
Address:		Date:	Fax No.		
(b) (6), (b) (7)(C)		10 11 1-10			
		12-4-2019	e-Mail (b) (6), (b) (7)(C)		

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

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-252962	12/05/2019		

LABOR ORGANIZATION OR ITS a. Name	A OF NITO A CAUNCE MUIOU			
a Namo	AGENTS AGAINST WHICH			
		b. Union Rep	oresentative t	to contact
OPEIU 29		Tamara R	ubyn	
		Title: Pres	ident/Busine	ss Manager
				_
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	074	e. Cell No.
7677 Oakport St #480		(510) 746-59 f. Fax No.	971	q. e-Mail
CA Oakland 94605		I. Fax No.		g. e-iviali
 h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) 				the meaning of section 8(b), and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ad	t, or these unfair labor practi	ces are unfair	practices aff	fecting commerce within the
meaning of the Act and the Postal Reorganization Act.	<u> </u>			
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor _l	oractices)	
See additional page				
oco additional pago				
		4a. Tel. No.		
3. Name of Employer		4a. 161. NO.		h Coll No
		(206) 552-50	061	b. Cell No.
Zenith American Solutions		(206) 552-50 c. Fax No.	061	b. Cell No. d. e-Mail
Zenith American Solutions			061	
				d. e-Mail Itoll@zenith-american.com
Location of plant involved (street, city, state and ZIP code)				d. e-Mail Itoll@zenith-american.com er representative to contact
			6. Employ Leslie ie	d. e-Mail Itoll@zenith-american.com er representative to contact
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011	8 Identify principal product	c. Fax No.	6. Employ Leslie ie 1 Title: Sen	d. e-Mail Itoll@zenith-american.com er representative to contact Foll ior HR Manager
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product Process Medical Claims	c. Fax No.	6. Employ Leslie ie 1 Title: Seni 9. Numbe	d. e-Mail Itoll@zenith-american.com er representative to contact
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous)	Identify principal product Process Medical Claims	c. Fax No.	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com er representative to contact Foll ior HR Manager er of workers employed
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 10. Full name of party filing charge		c. Fax No. or service	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com er representative to contact Foll ior HR Manager
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous)		c. Fax No. or service 11a. Tel. No. (b) (6), (b) (7)	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 10. Full name of party filing charge (b) (6), (b) (7)(C)		c. Fax No. or service	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.)		c. Fax No. or service 11a. Tel. No. (b) (6), (b) (7)	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 10. Full name of party filing charge (b) (6), (b) (7)(C)		c. Fax No. or service 11a. Tel. No. (b) (6), (b) (7)	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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)	Process Medical Claims	c. Fax No. or service 11a. Tel. No. (b) (6), (b) (7) c. Fax No.	6. Employ Leslie ie 7 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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	Process Medical Claims the best of my knowledge and belie	or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001 . (C)	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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 therein are true to the statements the statements therein are true to the statements the	Process Medical Claims the best of my knowledge and belie	or service 11a. Tel. No (b) (6), (b) (7) c. Fax No. Tel. f. Cell	6. Employ Leslie ie 7 Title: Sen 9. Numbe 1001	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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 therein are true to the statements the statements therein are true to the statements the	the best of my knowledge and belie (b) (6), (b) (7)(C) name and title or office, if any	or service 11a. Tel. No (b) (6), (b) (7) c. Fax No. Tel.	6. Employ Leslie ie 1 Title: Sen 9. Numbe 1001 . (C)	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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 be signature of representative or person making charge) (Print/type in the code in the c	Process Medical Claims the best of my knowledge and belie	or service 11a. Tel. No (b) (6), (b) (7) c. Fax No. Tel. f. Cell	6. Employ Leslie ie 7 Title: Sen 9. Numbe 1001 . (C) No. (b) (6), (b) No.	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 11724 NE 195th St Suite 300 WA Bothell 98011 7. Type of establishment (factory, mine, wholesaler, etc.) Insurance (Miscellaneous) 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 therein are true to the statements the statements therein are true to the statements the	the best of my knowledge and belie (b) (6), (b) (7)(C) name and title or office, if any	or service 11a. Tel. No (b) (6), (b) (7) c. Fax No. Tel. f. Cell Fax e-M	6. Employ Leslie ie 7 Title: Sen 9. Numbe 1001 . (C) No. (b) (6), (b) No.	d. e-Mail Itoll@zenith-american.com rer representative to contact Foll ior HR Manager or of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)

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

Basis of the Charge 20-CB-252962 12/05/2019

8(b)(1)(A)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
20-CB-	-252937	12/5/2019		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	presentative	to contact
Seiu/uhw		Shane Ru	iz	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
560 Thomas L. Berkeley way		(510) 251-12	250	
CA Oakland 94612		f. Fax No.		g. e-Mail
		(510) 763-26	680	sruiz@seiu-uhw org
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor p	oractices)	
One additional mana				
See additional page				
Name of Employer		4a. Tel. No.	100	b. Cell No.
Kaiser Permanente		(707) 651-10 c. Fax No.	000	d. e-Mail
		C. Fax No.		u. e-iviali
5. Location of plant involved (street, city, state and ZIP code)				ver representative to contact
975 Sereno dr.				Surarez-Diaz
CA Vallejo 94590			Title: Mar	lagei
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Healthcare			1000	
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (8), (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)
(b) (6), (b) (7)(C)				
40. REGUARATION		Tel.	No	
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the statement of the	the best of my knowledge and belie		(b) (6), (b	o) (7)(C)
(b) (6). (b) (7)(C) By	(b) (6). (b) (7)(C)	Cell	No.	
	name and title or office, if any		NI-	
	Title:	Fax	NO.	
(b) (6), (b) (7)(C)		e-M	lail	
Address	(date) 12/5/2019	14:17:47	(b) (6)	, (b) (7)(C)
	(date)			

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)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	TOTAL DIENIT TOTALITY TO CO.O.O OF IL			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
20-CB-253045	12/6/2019			

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 Representative to contact				
JNITE HERE! Local 5		Jennifer Cynn				{
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell N	o.	
1516 South King Street Honolulu HI 96826		808-941-2	141			
		f. Fax No.		g. e-Mail		
1				JCynn@5.unitehere.org		.org
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in un	fair lahor nraci	ices within t	he meanir	of secti	ion 8(h)
subsection(s) (list subsections) 1(A)	of the Natio	nnal Lahor Rel	ations Act a	nd these	infair lahe	or practices
are unfair practices affecting commerce within the meaning of the A	ct, or these unfair labor practi	ces are unfair	practices af	fecting con	nmerce w	ithin the
meaning of the Act and the Postal Reorganization Act.						
2. Basis of the Charge (set forth a clear and concise statement of the		-	•			
Within the past six month, the Union has failed and refu		ances and fa	ailed to co	mmunic	ate with	n me
regarding my grievances in violation of the Union's duty	of fair representation.					
				\boldsymbol{x}	~	=
				9	2019	RECEIVED NLRB SUB-REGION
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				<u></u>	6	22
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				HONOLULU, HAWAI	₩,	
2. Name of Faralance		4a. Tel. No.		b. Cell N	<u>~=</u>	دمع
3. Name of Employer		808-293-6	000 Í	0. 00	·	
Turtle Bay Resort		c. Fax No.		d. e-Mai		
			1			
		<u> </u>	لبيي			
5. Location of plant involved (street, city, state and ZIP code)			6. Employ			contact
57-091 Kamehameha Hwy. Kahuku, Hl 96731			Michelle			
			Director			
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	9. Numbe	r of worke	rs employ	rea
Hotel	Hospitality Services		700+			
10. Full name of party filing charge		11a. Tel. No.		b. Cell N		
		(b) (6), (b) (7)(C)	(b) (6), (t		
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mai	l	·
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 balis	Tel.	No	(b) (7)(C)		
(b) (6) (b) (7)(C)		<u> </u>		(b) (1)(c)		
Бу		- Cell		(b) (7)(C)	l	
(sign on making charge) (Print/type	name and title or office, if any	/).				
		"				
		e-M	ail (b) (6).	(b) (7)(C		
Address (b) (6), (b) (7)(C)	(date) 12/06	/19		. , . , , ,	_	

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

FORM NLRB-508 (4-19)

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

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
20-CD-253060	12/6/2019	

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 CHARG	SE IS BROU	JGHT	
a. Name Painters & Allied Trades District Council 36 and Sign Disp	lay & Allie	d Crafts Local 510		depresentative gelow, Asst.	
c. Address (Street, city, state, and ZIP code) Painters & Allied Trades District Council 36 1155 Corporate Ctr Dr, Monterey Park, CA 91754			d. Tel. No 626-584- f. Fax. No	9925	e. Cell No.
Sign Display & Allied Crafts Local 510 400 Talbert Street, Daly City, CA 9401			626-584- g. e-mail	1949	
h. The above-named labor organization has engaged in and is engaged $8(b)(4)(D)$ and $10(k)$ practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Nation	nal Labor R	elations Act, a	nd these unfair labor
 Basis of the Charge (set forth a clear and concise statement of th Within the last six (6) months, the above-named labor organ coerced, and restrained the employer, Freeman Exposition, commerce, where an object thereof is to force or require the decorating equipment to members of Sign Display & Allied 2785, Retail Delivery Drivers, Driver-Salesmen, Helpers an 	nizations, by Inc., and ot employer Crafts Loc	y their officers, agents, her persons engaged in to assign the work of lo al 510 rather than to er	and repre commerce ading, un	sentatives, has e or in an incloading, and	lustry affecting transporting
3. Name of Employer Freeman Exposition, Inc.		4a. Tel. No. 650-878-6000	b. Cell No		c. Fax No. 650-878-6001
		d. e-mail bill.kuehnle@freeman	nco.com		
5. Location of plant involved (street, city, state and ZIP code) 245 South Spruce Ave South San Francisco, CA 94080			6. Employe Todd A.	er representativ Lyon	ve to contact
7. Type of establishment (factory, mine, wholesaler, etc.) Convention and Trade Shows		rincipal product or service		9. Number o	f workers employed
10. Full name of party filing charge Freeman Exposition, Inc.					
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. 503-205-8095	b. Cell No 503-715-		c. Fax No. 503-242-4263
Fisher Phillips LLP, 111 SW 5th Ave, Ste 4040, Portland, C	OR 97204	d. e-mail tlyon@fisherphillips.c	com		
12. DECLARATION I declare that I have read the above charge are true to the best of my knowled	and that the ge and belief	f.		Tel. No. 503-205-809 Cell No.	5
(signature of representative or person making charge)		A. Lyon, Attorney me and title or office, if any)		503-715-784: Fax No.	
Address111 SW 5th Ave, Ste 4040, Portland, OR 97204		Date 12-6-2019		503-242-426 e-mail tlyon@fisher	

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

UNITED STATES OF AMERICA	DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	20-CB-253133	12/10/2019
INSTRUCTIONS: File an original of this charge with the NLRB Regional Dire occurred or is occurring.		
LABOR ORGANIZATION OR ITS AGENTS AGAIN	NST WHICH CHARGE IS BR	OUGHT
a. Name International Longshore and Warehouse Union, Local 10	(b) (6), (b) (7)(C	(b) (6), (b) (7)(C)
Address 400 North Point, San Francisco, CA 94133	d. Tel. No. (b) (6), (b) (7)(C)	e.e. Cell No.
	f. Fax No.	g. e-Mail
n. The above-named labor organization or its agents have engaged in and are en 8(b)(1)(A)(, 8(b)(2) of the National Labor Relations Act, and these unfair labor meaning of the Act, or are unfair practices affecting commerce within the mean Basis of the Charge (set forth a clear and concise statement of the facts constit For six months prior to the filing of this charge, the	practices are unfair practioning of the Act and the Post tuting the alleged unfair lab	es affecting commerce within the tal Reorganization Act. for practices)
the jobs, for reasons that are arbitrary, caprid	n failed and refus	sed to refer(b) (6), (b) (7)(C)

Pacific Maritime Association		4a. Tel. No. 510 452 1200	4b. Cell No.
		4c. Fax No.	4d. e-Mail
 Location of Plant involved (street, city, state, and ZIP 475 14th St., Ste 300, Oakland CA 94612 	code)	6. Employer represental	ive to contact
. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	ot or service	9. Number of Workers employed
Port- shipping and receiving	Port services	S	
(b) (6), (b) (7)(C)	State of the state	11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
	12. DECLARA		
(b) (6), (b) (7)(C)	d that the statements	s therein are true to the b	est of my knowledge and belief. Tel No.
(b) (6), (b) (7)(C)	d that the statements	s therein are true to the b	
(b) (6), (b) (7)(C)	(b) (6), (b) (b), (b)	s therein are true to the b	Tel No.
(b) (6), (b) (7)(C)	(b) (6), (b) (b), (b)	therein are true to the b	Tel No.
(b) (6), (b) (7)(C)	(b) (6), (b) (b), (b)	(7)(C) (7)(C) me and title or office, if any	Cell No. (a)(6)(6)(7)(6) Fax No.

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

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

	FORM EXCINIF I UNDER 44 0.3.0 3312			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
20-CB-253256	12/10/2019			

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

INSTRUCTIONS. File all original with NERB Regional Director for the	region in which the alleged u	man labor prac	dice occurre	or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep		to contact
UNITE HERE Local 2		(b) (6), (b)) (7)(C)	
		,		1
		4 - 1		<u>)</u>
c. Address (Street, city, state, and ZIP code)		d. Tel. No. 415-864-8	770	e. Cell No.
209 Golden Gate Avenue		f. Fax No.		g. e-Mail
San Francisco, CA 94102		1. Tux 140.		J. V
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the Within the past six months, the above-named Union, by representation by failing and refusing to represent (b) (6)	of the National ct, or these unfair labor practions a facts constituting the alleged its agents, officers and	onal Labor Relaces are unfair of the control of the	ations Act, a practices af ractices) ives, viola	and these unfair labor practices fecting commerce within the
information to regarding whether the Union has filed	d a grievance on biological	nalf.		
	ere. Mulub	nul 1496 17 20 14 ket St Tanciso	reet. S	14308
			DEC 1	0 2019
		4a. Tel. No.		b. Celi No.
3. Name of Employer		4a. rei. No.		D. Cell No.
Bon Appetit		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code) Willie Mays Plaza			6. Employ	yer representative to contact
San Francisco, CA 94102				
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service		er of workers employed
food and beverages contractor	food and beverages		100	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7		b. Cell No.
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)		1		
(b) (6), (b) (7)(C)				
12. DECLARATION	the heat of my knowledge and heli	Tel.	No.	(b) (7)(C)
By entativ (b) (a) (b) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(7)(C) name and title or office, if an	00	No. same	
(b) (6), (b) (7)(C)	. 1	e-M		
Address	(date) 12-	10-19		

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

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMIT FORDER 44 0.5.0 3512			
DO NOT WRITE IN THIS SPACE				
^{Case} 20-CB-253137	Date Filed 12/10/2019			

NSTRUCTIONS: 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				ed or is occurring.
	S AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
IBEW Local Union 1260		Darren Ya	mamoto	
		Title: Busin	ness Repres	entative
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
700 Bishop Street #1600		(808) 941-94	45	
Hi Honolulu 96813		f. Fax No.		g e-Mail
				ĺ
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in ur	fair labor prac	tices within t	he meaning of section 8(b),
subsection(s) (list subsections) (1)(A)	of the Nati	onal Labor Rel	ations Act, a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these untair labor practi	ices are untair	practices an	recting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor r	ractices)	
2. 200. 2 200. 2 200. 200. 20	ranso concentrating the anego	- u.n.a., .a.z., p		
				E = Z
See additional page				NLRB 2019 D
				DEC DEC
				35 J
				OLU S 10 S ECE
				TA TO
				ION 37
				37
		Lan Fol No		L 0-11 M
3. Name of Employer		4a. Tel. No.	- 1	
		1	1	b. Cell No.
Hawaiian Electric Company		c Fax No		
Hawaiian Electric Company .		c. Fax No.		d e-Mail
Hawaiian Electric Company .		c. Fax No.		
Location of plant involved (street, city, state and ZIP code)	· ,	c. Fax No.	6. Employ	
Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street		c. Fax No.	' '	d e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813		c. Fax No.	Title:	d. e-Mail er representative to contact
Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street	Identify principal product		Title:	d e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813	8. Identify principal product		Title:	d. e-Mail er representative to contact
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813	8. Identify principal product		Title:	d. e-Mail er representative to contact er of workers employed b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge	8. Identify principal product	or service	Title: 9. Numbe	d. e-Mail er representative to contact er of workers employed
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	Title: 9. Numbe	d. e-Mail er representative to contact er of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	or service 11a. Tel. No. (b) (6), (b) (7)	Title: 9. Numbe	d. e-Mail er representative to contact er of workers employed b. Cell No. (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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	or service 11a. Tel. No. (b) (6), (b) (7)	Title: 9. Numbe	d. e-Mail er representative to contact er of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No.	Title: 9. Numbe	d. e-Mail er representative to contact er of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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)		or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No.	Title: 9. Numbe	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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 best of my knowledge and belie	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No.	Title: 9. Numbe C) No. (b) (6), (t	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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 By (b) (6), (b) (7)(C)	the best of my knowledge and belied	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No. Tel. Cell	Title: 9. Numbe C) No. (b) (6), (t	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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 By (b) (6), (b) (7)(C)	the best of my knowledge and belie b) (6), (b) (7)(C) name and title or office, if any	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No. Tel. Cell	Title: 9. Numbe C) No. (b) (6), (t) No. (b) (6), (t)	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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 By (b) (6), (b) (7)(C) (signature of representative or person making charge) (Print/type)	the best of my knowledge and belied	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No. Tel. Cell Fax	Title: 9. Numbe C) No. (b) (6), (t) No. (b) (6), (t) No.	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1001 Bishop Street HI Honolulu 96813 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 By (b) (6), (b) (7)(C)	the best of my knowledge and belie b) (6), (b) (7)(C) name and title or office, if and Title:	or service 11a. Tel. No. (b) (6), (b) (7)(c. Fax No. Tel. (c) Cell	Title: 9. Numbe (b) (6), (t) No. (b) (6), (t) No. ail	d. e-Mail er representative to contact or of workers employed b. Cell No. (b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)

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

8(b)(1)(A)

1

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

NLRB SUB-REGION 37

HONOLULU, HAWAII

FORM NLRB-508 (4-19)

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

DO NOT WRITE IN T	HIS SPACE
20-CB-253310	Date Filed 12/12/2019

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

Name SEIU Local 1877 Address (Street, city, state, and ZIP code)	GENTS AGAINST WHICH CHA	DOE IS BROUGHT	A Comment of the Comm
SEIU Local 1877	7774	NGL 13 BROUGHT	
		b. Union Representa	tive to contact
Address (Street, city, state, and ZIP code)		Timothy Brow	m
		d. Tel. No.	e. Cell No.
		650-793-9217	2
010 Ruff Dr.		f. Fax. No.	-
Too on OCHO		408-280-	7804
San Jose, CA 95110		g. e-mail	
		tim. hower 6	Seiv-uswa. org
The above-named labor organization has engaged in and is engaging (1)(A) Practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Na	ional Labor Relations Ad	t, and these unfair labor
with the union representative almost every car back from the employer. The union representative almost every	clay, His response t	o me is, we are	still waiting to
ear back from the employer. The unit repression without pay, until employer respond	S.		7
Name of Employer	4a. Tel. No.	b. Cell No.	c. Fax No.
	415-434-5706	1	415-989-5034
-M- a D-a+a	d. e-mail		1-113 (41
The Gateway	invellan@ +	negateway, com	
ocation of plant involved (street, city, state and ZIP code)	1000000	6. Employer represer	ntative to contact
the state of the s			
60 Davis Court		Joaquin	Avellan
an Francisco, CA 94111-2402			
	dentify principal product or serv	ce 9. Numb	er of workers employed
Apartment	vice to buildings and a		over 20
Full name of party filing charge	The Tolland of the	and III	040. 20
(b) (6), (b) (7)(C)		b. Cell No.	c. Fax No.
(b) (b), (b) (7)(c)	11a. Tel. No.	(1.)	
Address of party filing charge (street, city, state and ZIP code)	11a. Tel. No.	(b) (6), (b) (7)(C	
Address of party filing charge (street, city, state and ZIP code)	d. e-mail	(b) (6), (b) (7)(C	
Address of party filing charge (street, city, state and ZIP code)	d. e-mail		
Address of party filing charge (street, city, state and ZIP code)	d. e-mail		
Address of party filing charge (street, city, state and ZIP code) b) (6), (b) (7)(C)	d. e-mail (b) (6), (b) that the statements		
Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION (b) (6), (b) (7)(C) the best of my knowledge as	d. e-mail (b) (6), (b) that the statements and belief.	(7)(C)	
Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION (b) (6), (b) (7)(C) the best of my knowledge as	d. e-mail (b) (6), (b) that the statements	(7)(C)	
Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION (b) (6), (b) (7)(C) the best of my knowledge as	d. e-mail (b) (6), (b) that the statements and belief.	(7)(C) Cell No. (b) (6),	
Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) the best of my knowledge at (b) (6)	that the statements and belief.	(7)(C) Cell No. (b) (6),	
Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) the best of my knowledge at (b) (6)	that the statements and belief.	(7)(C) Cell No. (b) (6), Fax No.	

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

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

. 5.4 2.4 5.1.2 5.1.5			
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-253380	12/12/2019		

1. LABOR ORGANIZATION OR ITS				
	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
Seiu-UHW		SEIU UHV	V	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.)EO	e. Cell No.
1805 Hilltop Dr 1805 Hilltop Dr, Redding, CA 96002		(916) 326-58 f. Fax No.	550	q. e-Mail
CA Redding 96002		I. Fax No.		g. 6-Ividii
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 Area of the	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
meaning of the Act and the Postal Reorganization Act.	facts constituting the allege	d unfair labar e	ractional	
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	a untair iabor j	oractices)	
See additional page				
Name of Employer		4a. Tel. No.	10.7	b. Cell No.
St Elizabeth Community Hospital		(530) 529-80 c. Fax No.	31	d. e-Mail
		c. rux no.		u. e-ividii
5. Location of plant involved (street, city, state and ZIP code)				ver representative to contact
2550 sr Mary Columba dr			Dignity He	
2550 sr Mary Columba dr CA Red Bluff 96080	8. Identify principal product	or sarvica	Dignity He	ealth
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service	Dignity He Title: 9. Numbe	ealth er of workers employed
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare	Identify principal product		Dignity He Title: 9. Numbe 30000	ealth er of workers employed
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge	8. Identify principal product	11a. Tel. No	Dignity He Title: 9. Numbe 30000	ealth er of workers employed
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare	8. Identify principal product		Dignity He Title: 9. Numbe 30000	ealth er of workers employed
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	11a. Tel. No (b) (6), (b) (7)	Dignity He Title: 9. Numbe 30000	er of workers employed b. Cell No.
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.)	8. Identify principal product	11a. Tel. No (b) (6), (b) (7)	Dignity He Title: 9. Numbe 30000	ealth or of workers employed b. Cell No. d. e-Mail
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	11a. Tel. No (b) (6), (b) (7)	Dignity He Title: 9. Numbe 30000	ealth or of workers employed b. Cell No. d. e-Mail
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.)		11a. Tel. No (b) (6), (b) (7)(c. Fax No.	Dignity Ho Title: 9. Numbe 30000	ealth er of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By		11a. Tel. No (b) (6), (b) (7)(c. Fax No.	Dignity Ho Title: 9. Numbe 30000 C)	ealth er of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By (b) (6), (b) (7)(C)	the best of my knowledge and belie (6), (b) (7)(C) name and title or office, if any	11a. Tel. No (b) (6), (b) (7)(c. Fax No. Tel. (c. Tel.	Dignity Ho Title: 9. Numbe 30000 C) No. (b) (6), (b)	ealth er of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By (b) (6), (b) (7)(C) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	the best of my knowledge and belie	11a. Tel. No (b) (6), (b) (7)(c. Fax No.	Dignity Ho Title: 9. Numbe 30000 C) No. (b) (6), (b)	ealth er of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)
2550 sr Mary Columba dr CA Red Bluff 96080 7. Type of establishment (factory, mine, wholesaler, etc.) Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By (b) (6), (b) (7)(C)	the best of my knowledge and belie (6), (b) (7)(C) name and title or office, if any	11a. Tel. No (b) (6), (b) (7)(c. Fax No. Tel. f. Cell Fax e-M	Dignity Ho Title: 9. Numbe 30000 C) No. (b) (6), (b) No. No.	ealth er of workers employed b. Cell No. d. e-Mail (b) (6), (b) (7)(C)

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

8(b)(1)(A)

FORM EXEMPT UNDER 44 U.S.C 3512 UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

	TOTAL EXCENT TOTAL TOTAL TOTAL CO.O.O.O.O.O.O.O.			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
20-CB-253583	12/19/2019			

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 SEIU		b. Union Rep		to contact
SEIO		Sam Kehir	nde	
		Title: Unio	n Agent	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (213) 284-77	'05	e. Cell No.
1800 Massachusetts Avenue		f. Fax No.		g. e-Mail
DC Washington DC 20036				
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	nal Labor Rel	ations Act. a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	l unfair labor p	ractices)	-24
See additional page				RECEIVED REGION 37 NERB SUB-REGION 37 NERB SUB-REGION 37
Name of Employer		4a. Tel. No.		b. Cell No.
Blackstone Consulting Inc		(808) 432-00	00	
		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
11726 San Vicente Blvd. #550			Louise Fo	ontenot
CA Los Angeles 90049			Title: HR	REP
Type of establishment (factory, mine, wholesaler, etc.) Security Systems & Services	Identify principal product Protection	or service		er of workers employed
	Protection	11a. Tel. No.	171	b. Cell No.
10. Full name of party filing charge		(b) (6), (b) (7)(C)	b. Cell No.
(b) (6), (b) (7)(C)	1	c. Fax No.	,	d. e-Mail
11 Address of party files shares () ((b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (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	Tel.	No. (b) (6), (b	b) (7)(C)
By _(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Cell	No.	
(signature of representative or person making charge) (Print/type	name and title or office, if any Title:	Fax	No.	
(b) (6), (b) (7)(C) Address	(date)_ ^{12/18/2019}	e-M		(b) (7)(C)
	(0016)			

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

8(b)(1)(A)

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

N RH SUB-REGION 37

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD	Case Date filed			
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	20-CB-253749	12/20/2019		
INSTRUCTIONS: File an original of this charge with the NLRB Regio occurred or is occurring.				
LABOR ORGANIZATION OR ITS AGENT				
a. Name	b. Union Representative to	Contact		
Service Employees International Union,				
Local 1877	Will Falvey, Organizer			
c. Address	d. Tel. No.	e.e. Cell No.		
1650 Harbor Bay Pkwy, Ste 200	(510) 224-6692			
Alameda, CA 94502	f. Fax No.	g. e-Mail		
7 10111045, 57 1 7 1 7 2	510 261 2039			
h. The above-named labor organization or its agents have engaged in ar 8(b)(1)(A) of the National Labor Relations Act, and these unfair labor the Act, or are unfair practices affecting commerce within the meaning	practices are unfair practices affect	ing commerce within the meaning of		
2. Basis of the Charge (set forth a clear and concise statement of the fact	's constituting the alleged unfair lab	or practices)		
Within the past six months, the Union violated the	e duty of fair representa	tion by failing and		
refusing to represent (b) (6), (b) (7)(C) regarding				
because of the control of the contro	rig a writter warring, re	at 06.0 walk in the rain to		
harassment and retaliation, and regarding the En	iployer's requirement tr	walk in the rain to		
different buildings for work.				
20	21			
Work location: South San Francisco Buildings @ a	and 25			

3. Name of Employer SBM		4a. Tel. No. (866) 855-2211	4b. Cell No.	
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representa	tive to contact	
5241 Arnold Ave, McClellan Park, CA 9	95652			
7. Type of Establishment (factory, mine, wholesaler)			Number of Workers employed	
Building and Maintenance Company	Building and services	Maintenance		
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 (b) (6), (b) (7)(C) I declare that I have read the above charge an 	12. DECLARA		nest of my knowledge and belief	
(b) (6), (b) (7)(C)	(b) (6), (b) (6), (b)		Tel No.	
(signa	Print/type na any	me and title or office, if	Cell No. (b) (6), (b) (7)(C)	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		12.20-2019	e-Mail (b) (6), (b) (7)(C)	

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

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case 20-CB-253869	Date Filed 12/26/2019				

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

INSTRUCTIONS. The all digital with NERD Regional Director for the		man labor	practice occur		
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE	IS BROUGHT		
a. Name			b. Union Representative to contact		
Service Employees International Union, United Service Workers West, AFL-CIO ("SEIU-USWW")		Giselly Verduzco			
		Title: MRC Organizer			
c. Address (Street, city, state, and ZIP code)		d. Tel. No		e. Cell No.	
1650 Harbor Bay Parkway, Suite 200		(510) 437		14-3	
CA Alameda 94502		f. Fax No		g. e-Mail	
		(510) 749	1-7000		
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	nnal Lahor	Dolations Act	and those unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair lab	or practices)		
See additional page					
Gee additional page					
Name of Employer		4a. Tel. N	No.	b. Cell No.	
Securitas Security Services, USA, Inc.		(916) 564-2009			
		c. Fax No.		d. e-Mail	
		(916) 569	-4552		
Location of plant involved (street, city, state and ZIP code)		·	6. Emplo	yer representative to contact	
2045 Hurley Way, Suite 175			Fran Me		
CA Sacramento 95825			Title: Area	a Human Resources Manager, Sacramento	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numb	er of workers employed	
Security Systems & Services	Security Services				
10. Full name of party filing charge	10. Full name of party filing charge			b. Cell No.	
(b) (6), (b) (7)(C)		11a. Tel.			
(b) (6), (b) (7)(C)		(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)			(7)(C)	(b) (6), (b) (7)(C) d. e-Mail	
		(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)	
		(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C) d. e-Mail	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)		(b) (6), (b) c. Fax No	(7)(C) o.	(b) (6), (b) (7)(C) d. e-Mail	
	the best of my knowledge and belie	(b) (6), (b) c. Fax No	(7)(C) D. Tel. No.	(b) (6), (b) (7)(C) d. e-Mail	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By	David A. Wolf	(b) (6), (b) c. Fax No	(7)(C) o. Fel. No. (510) 3	(b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	David A. Wolf name and title or office, if any	(b) (6), (b) c. Fax No	(7)(C) D. Tel. No. (510) 3 Cell No. (510) 3	(b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By	David A. Wolf	(b) (6), (b) c. Fax No	(7)(C) D. Tel. No. (510) 3 Cell No. (510) 3	(b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By David A. Wolf (signature of representative or person making charge) (Print/type 2600 Tenth Street, Suite 410	David A. Wolf name and title or office, if any Title: Attorneys for Charging	(b) (6), (b) c. Fax No f. (7) Party F	(7)(C) Dell No. (510) 3 Cell No. (510) 3 Fax No. (510) 2 e-Mail	(b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C) 25-7662 25-7662	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to By David A. Wolf	David A. Wolf name and title or office, if any	(b) (6), (b) c. Fax No f. (7) Party F	(7)(C) Dell No. (510) 3 Cell No. (510) 3 Fax No. (510) 2 e-Mail	(b) (6), (b) (7)(C) d. e-Mail (b) (6), (b) (7)(C) 25-7662	

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 20-CB-253869 12/26/2019

8(b)(1)(A)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
^{Case} 20-CB-253924	Date Filed 12/27/2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	actice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Re	presentative	to contact
Teamsters local 150		Maria Ca	rroll	
		Title: Bus	iness Agent	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	070	e. Cell No.
7120 East Parkway		(916) 392-7 f. Fax No.	070	q. e-Mail
CA Sacramento 95823		(916) 392-7	675	mcteamsters150@gmail.com
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Re	elations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor	practices)	
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
Sierra Nevada Memorial Hospital		(530) 274-6	017	
•		c. Fax No.		d. e-Mail
		(530) 274-60	643	apryl.lucas@dignityhealth.org
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact
155 Glasson Way			Apryl Luc	
CA Grass Valley 95945			Title: Hun	nan Resources Director
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service		er of workers employed
Healthcare Facilities	Private Hospital	44	850	L
10. Full name of party filing charge		11a. Tel. No (b) (6), (b) (7)		b. Cell No.
(b) (6), (b) (7)(C)		c. Fax No.	(0)	d. e-Mail
44. Address of party filing obargo (street site state and 710 and a)				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		l. No. (b) (6), (t	b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cel	l No.	
(signature of representative or person making charge) (Print/type			(No.	
(b) (6), (b) (7)(C)	Title:			
Address	(date)_12/27/201		Mail (b) (6)	, (b) (7)(C)
/Iddi033	(date)			

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		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD		Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-CB-253381	12/13/2019		
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.					
LABOR ORGANIZATION OR	ITS AGENTS AGA				
a. Name Service Employees International Union, Local 1	1877	b. Union Representative to Denise Solis	o Contact		
c. Address 1650 Harbor Bay Pkwy, Ste 200		d. Tel. No. (510) 224-6692	e.e. Cell No.		
Alameda, CA 94502		f. Fax No.	g. e-Mail		
 The above-named labor organization or its agents have en 8(b), subsection(s) (1)(A)of the National Labor Relations A meaning of the Act, or are unfair practices affecting comme 	ct, and these unfa	ir labor practices are unfair p	ractices affecting commerce within the		
Basis of the Charge (set forth a clear and concise statement	nt of the facts con	stituting the alleged unfair lab	or practices)		
Within the past six months, the above-named la	bor organization	on has restrained and c	oerced employees by failing or		
refusing to process the grievance of (b) (6), (b)		g ^{®)(6),(8)} suspension while	working at Genentech, for		
reasons that are arbitrary, discriminatory, or in b	oad faith.		1		
Name of Employer		4a. Tel. No.	4b. Cell No.		
SBM		(916) 922-7600	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		
5241 Arnold Ave McClellan, CA 95652					
	Principal product	or service	9. Number of Workers employed		
Building and Maintenance Company	Building and n	naintenance services	100		
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.		
		(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)		11c. Fax No.	11d e-Mail		
11. Address of party filing charge (street, city, state, and ZIP co	ode)		(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)					
12. DECLARATION					
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.					
Tel No.					
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					
(s.	Print/type nan	ne and title or office, if any	Cell No.		
Address: (b) (6), (b) (7)(C)		Date: 12/13/19	Fax No.		
			e-Mail (b) (6), (b) (7)(C)		

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

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

DEC 1 3 2019

Region 20 901 Market Street, Suite 407 San Francisco, CA 94163