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 | | |
| 3-CB-254666 | 1/15/20 | | |

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 A | AGAINST WHICH CHARC | SE IS BRO | JGHT | |
|--|--|--|------------------------------------|---|---------------------------------------|
| ı. Name | | | b. Union Representative to contact | | |
| American Association of University Professors, D'Youville College Chapter (AAUP) | | | (b) (6), (b) (7)(C) | | |
| c. Address (Street, city, state, and ZIP code) | | | d. Tel. No (b) (6), (b | | e. Cell No. |
| (b) (6), (b) (7)(C) | | | f. Fax. No | | |
| | | | g. e-mail | | |
| | | | (b) (6), (b |) (7)(C) | |
| h. The above-named labor organization has engaged in and is enga | aging in unfair | | | | |
| 8(b)(3), 8(d) | | | | | nd these unfair labor |
| practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. | the Act, or tr | nese untair labor practices | affecting c | ommerce with | in the meaning of |
| 2. Basis of the Charge (set forth a clear and concise statement of the Within the previous six months, AAUP has failed and refuse requested by the College, including but not necessarily limit been being improperly used by the College in violation of the requested repeatedly by the College and most recently on crequested information. | ed to bargain ted to docun e parties' co | n in good faith with the nents and represented ollective bargaining agn | College by intellectual eement. | y failing to fu al property th Such informa | at AAUP alleges has ition has been |
| 3. Name of Employer | | 4a. Tel. No. | b. Cell No |). | c. Fax No. |
| D'Youville College | | (716) 829-8000 | | | |
| | | d. e-mail | | | |
| Location of plant involved <i>(street, city, state and ZIP code)</i> 320 Porter Avenue Buffalo, New York 14201 | | Employer representative to contact Allison Hughes Executive Director for Human Resources | | | |
| 7. Type of establishment (factory, mine, wholesaler, etc.) College | 8. Identify p | rincipal product or service on | | 9. Number of 560 | of workers employed |
| 10. Full name of party filing charge | 1 | | | | |
| D'Youville College | | | | | |
| 11. Address of party filing charge (street, city, state and ZIP code) 320 Porter Avenue Buffalo, New York 14201 | | 11a. Tel. No. (716) 829-8222 | b. Cell No, c. Fax No. | | c. Fax No. |
| | | d. e-mail | il . | | |
| 12. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. James J. Rooney, Esq. | | Tel. No. (716) 416-7048 Cell No. | | -7048 | |
| (signature of representative or person making charge) | Signature of representative or person making charge) (Print/type name and title or office, if any) | | | Fax No. | |
| Address 200 Delaware Ave., Suite 900, Buffalo, New York 14202 Date 1/15/2020 | | | e-mail jrooney@bsk.com | | |

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

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

INTERNET FORM NLRB-508 (2-08)

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 | | |
| 3-CB-254851 | 1/21/20 | | |

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

| THE ATTOMS WITH THE REGISTRAL DIRECTOR TO THE | region in which the alleged to | man rabor pi | actice occuir | ca or is occarring. |
|--|------------------------------------|--------------------------|----------------|---|
| 1. LABOR ORGANIZATION OR ITS | AGENTS AGAINST WHICH | CHARGE IS | BROUGHT | |
| a. Name | | b. Union Re | epresentative | to contact |
| International Brotherhood of Teamsters, Local 294 | | John Bulgaro, | | |
| , | | Presiden | • | |
| | 1 | 1 100,00. | • | |
| a Address (Street site state and 7/D ands) | | d. Tel. No. | | e. Cell No. |
| c. Address (Street, city, state, and ZIP code) | | (518)489 | -5436 | e. Cell No. |
| 890 3rd Street #1, Albany, NY 12206 | | f. Fax No. | | g. e-Mail |
| | | | | jbulgaro@teamsterslocal294.or |
| | | | | lg |
| h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) | in and is (are) engaging in un | fair labor pra | ctices within | the meaning of section 8(b), 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. | | | | · |
| 2. Basis of the Charge (set forth a clear and concise statement of the | e facts constituting the alleged | d unfair laboi | practices) | |
| | | | | |
| Since on or around a date within the past six months an | d continuing, the above | -named la | bor organi | zation has failed and |
| refused to process a grievance on behalf of (b) (6), (b) | (7)(C) _{concerning} | employme | ent termina | ation by Pepsi Co., for |
| reasons that are arbitrary, discriminatory, or otherwise u | | , | | |
| ,,,,,, | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 4- T-1 N- | | L. O. II. V. |
| Name of Employer | | 4a. Tel. No (518) 782 | | b. Cell No. |
| Pepsi Beverages Co. | | c. Fax No. | -2100 | d. e-Mail |
| | | 0. 1 02.110. | | a. c-ivian |
| | | | | |
| 5. Location of plant involved (street, city, state and ZIP code) | | | | yer representative to contact |
| 1 Pepsi Cola Drive, Latham, NY 12110 | | | Liz Crai | g, Human Resources |
| | | | | |
| 7. Type of establishment (factory, mine, wholesaler, etc.) | 8. Identify principal product | or service | 9. Numbe | er of workers employed |
| Beverage production | Beverages 200+ | | 200+ | |
| 10. Full name of party filing charge | | 11a. Tel. N | 0. | b. Cell No. |
| (b) (6), (b) (7)(C) | | | | (b) (6), (b) (7)(C) |
| | | c. Fax No. | | d. e-Mail |
| AA Addana of and office above (A. A. W. A. A. A. T. D. T. | | | | (b) (c) (b) (7)(c) |
| 11. Address of party filing charge (street, city, state and ZIP code.) | | | | (b) (6), (b) (7)(C) |
| (b) (6), (b) (7)(C) | | | | |
| (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | | I. No. | |
| decla rein are true to | the best of my knowledge and belie | f | | |
| | b) (7)(C), an Individua | <u>~`</u> | No. (b) (6) | (b) (7)(C) |
| (Print/type name and title or office, if an | | (b) (6), (b) (7)(C) | | |
| | | Fa | X INO. | |
| (b) (6), (b) (7)(C) | | e- | Mail (b) (6 | 6), (b) (7)(C) |
| Address | (date)_1/17/2 | - 1 | () | |
| , indicoo | (Vale)_1/1/1/2 | | | |

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.

| UNITED STATES OF AMERICA | DO NOT WRITE IN THIS SPACE | | | |
|--|---|----------------------------|--|--|
| NATIONAL LABOR RELATIONS BOARD | Case | Date filed | | |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS | 3-CB-254871 | January 21, 2020 | | |
| 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 | INST WHICH CHARGE IS BRO | DUGHT | | |
| a. Name CWA Local 1133 | b. Union Representative to Deborah Arnet President | Contact | | |
| c. Address . 821 Elk St., Buffalo, NY 14210 | d. Tel. No. (716)828-1133 f. Fax No. (716)828-1153 | e.e. Cell No. g. e-Mail | | |
| h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. | | | | |
| 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since about (b) (6), (b) (7)(C) (2) (2) (2) (2) (2) (3) (4) (4) (7)(C) (4) (5) (7)(C) (6), (6) (7)(C) (7)(| | | | |

| Name of Employer | 4a. Tel. No. | 4b. Cell No. |
|---|--------------------------------------|-------------------------------------|
| Catholic Health | | |
| | 4c. Fax No. | 4d. e-Mail |
| | | , |
| 5. Location of Plant involved (street, city, state, and ZIP code) | 6. Employer represe | entative to contact |
| 3669 Southwestern Blvd., Orchard Park, NY 142 | 217 | |
| 7. Type of Establishment (factory, mine, wholesaler) 8. | | |
| Ambulatory Care Center | Health Care | 100 ~ |
| 10. Full name of party filing charge | 11a. Tel. No. | 11b. Celi 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 ZIP co | ode) | • |
| (b) (6), (b) (7)(C) | | |
| | 12. DECLARATION | • |
| I declare that I have read the above charge and tha | the statements therein are true to t | ne best of my knowledge and belief. |
| | | Tel No. |
| (b) (6), (b) $(7)(C)^{(6),(6)}$ (b) (6), (b) $(7)(C)$ | | |
| By: | (b) (6), (b) (7)(C) | (b) (6), (b) (7)(C) |
| (signature of representative or person making charge) | Print/type name and title or office, | |
| (Signature of representative of person making charge) | i militype name and title of office, | rany Centro. |
| Address | Date: | Fax No. |
| (b) (6), (b) (7)(C) | | 1 3.77.0 |
| (6) (6), (6) (1)(6) | July 1 | e-Mail |
| | 11/1/300 | (b) (6) (b) (7)(C) |

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| UNITED STATES OF AMERICA | DO NOT WRITE IN THIS SPACE | | | |
|--|------------------------------------|------------------------|--|--|
| NATIONAL LABOR RELATIONS BOARD | Case | Date filed | | |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS | 03-CB-255394 | 1/30/2020 | | |
| 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. | | | | |
| 1. LABOR ORGANIZATION OR ITS AGENTS AG | GAINST WHICH CHARGE IS BR | OUGHT | | |
| a. Name | b. Union Representative to Contact | | | |
| 1199 SEIU United Healthcare Workers East | Cheryl Marino | | | |
| | | | | |
| c. Address | d. Tel. No. | e.e. Cell No. | | |
| 2421 Main St, Ste 100, Buffalo, NY 14214 | (716)560-9337 | | | |
| | f. Fax No. | g. e-Mail | | |
| | | cheryl.marino@1199.org | | |
| h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. | | | | |
| 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) | | | | |
| Since about (b) (6), (b) (7)(C) 2019, 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 grievance of (b) (6), (b) (7)(C) regarding | | | | |
| (6)(6),(6) | | | | |
| termination for arbitrary or discriminatory reasons or in ba | ag iaitri. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Name of Employer | | 4a. Tel. No. | 4b. Cell No. | | |
|--|--------------------------------------|------------------------------------|---|--|--|
| BryLin Hospital | | | | | |
| | | 4c. Fax No | 4d. e-Mail | | |
| | | <u> </u> | <u> </u> | | |
| 5. Location of Plant involved (street, city, state, and ZIP of | ode) | Employer representative to contact | | | |
| 1263 Delaware Ave, Buffalo, NY 14209 | 1263 Delaware Ave, Buffalo, NY 14209 | | Anthony Szarzanowicz VP of Patient Services | | |
| 7. Type of Establishment (factory, mine, wholesaler) | 8. Principal product | or service | Number of Workers employed | | |
| Hospital | Health Care | | 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 | | |
| | | | (b) (6), (b) (7)(C) | | |
| 11. Address of party filing charge (street, city, state, and Z | IP code) | | | | |
| (b) (6), (b) (7)(C) | | | | | |
| | 12. DECLARAT | TON | | | |
| I declare that I have read the above charge and | that the statements | therein are true to the be | st of my knowledge and belief. | | |
| | <u> </u> | | Tel No. | | |
| (b) (6), (b) (7)(C) | 1 | | | | |
| By: | | | | | |
| | (b) (6), (b) (7) | | (b) (6), (b) (7)(C) | | |
| (sign making charge) | Print/type nar | ne and title or office, if any | Cell No. | | |
| Address: | | Date: | Fax No. | | |
| (b) (6), (b) (7)(C) | | ilaala | | | |
| | | 112912026 | e-Mail | | |
| } | | 1 1 | (b) (6), (b) (7)(C) | | |

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