FORM NLRB-508 (2-08) UNITED STATES OF AMERIC	۸ ا	LIN THE WELL CHARTER OF STRAN		MPT UNDER 44 U.S.C. 3512 THIS SPACE
NATIONAL LABOR RELATIONS BO		ase	*****	ate Filed
CHARGE AGAINST LABOR ORG. OR ITS AGENTS		31-CB-244339		7/1/2019
INSTRUCTIONS: File an original with NLRB Regional Dire	ctor for the region in which the	alleged unfair labor p	ractice occurred	or is occurring.
	TION OR ITS AGENTS AGAIN			
APWU-(b)(6),(b)(7)(C)		(b)	(6), (b) $(7)(C)$	tative to contact
c. Address (street, city, s	state and ZIP code)	d. Tel No.	*****	e. Cell No.
129 E. A Street		(909) 981-2260		()
Upland, CA 91786		f. Fax No.		g. e-Mail
·		(909) 982-9007		
 h. The above-named organization(s) or its agents has (have subsection(s) (list subsections) 8(b)(1)(a) of the commerce within the meaning of the Act, or these unfair lab Reorganizing Act. 2. Basis of the Charge (set forth a clear and concise statem) 	the National Labor Relations Ac or practices are unfair practice	t, and these unfair lat s affecting commerce	or practices are within the meani	unfair practices affecting
The ADWIII foiled in its duty of fair me	procentation of to th		a I filed in	2018 hoose
The APWU failed in its duty of fair re				
management took part of my bid job a				
did not contact me in a timely manner				t still 100% sure of
my bid. I recently filed a new grievan	ce with my Union o	ver my bid and	i lost pay.	
6				
			57 (F 56	
3. Name of Employer		4a. Te	No.	b. Cell No.
United States Postal Service	177			
	11.4	C. Fax) 391-8523 No.	g. e-Mail
			391-3243	john.a.grimaldi@usps.gov
5. Location of plant involved (street, city, state and ZIP cod	le)		loyer representa	tive to contact
1126 N. Mountain Ave., Ontario, CA	91762	john.	a.grimaldi	@usps.gov
7. Tune of each link and the stern string subally starts			harofwarker	mar (a) (a)
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product of MAIL	18	ber of workers e	прюуеа
10. Full name of party filing charge		11a. T	el No. b. C	Cell No.
(b) (6), (b) (7)(C)				(6), (b) (7)(C)
		c. Fax		
) (b)	(6), (b) (7)(C)
11 Address of party filing charge (street city state and Zil	Code)		· .	
(b) (6), (b) (7)(C)				
12. DECLAR	ATION		Tel.No.	ç.
I declare that I have read the above charge and that the statements	therein are true to the best of my	cnowledge and belief.	()	
(b) (6) (b) (7)(C)			Office, if any	, Cell No.
(b) (6), (b) (7)(C)	(h) (G) (h) (7)(0)		(b) (6), (b) (7)(C)
By X	(b) (6), (b) (7)(0	An individual	Fax No.	E Artistica and a second se
(Signature of representative or person making charge)	(Print/type name and title	or office, if any)	in a second s	8 8 ant - Pair of San and - San
			() e-Mail	ан ал 1993 (р. 1993) 1997 - С. 1997 (р. 1994) 1997 - С. 1997 (р. 1994)
				b) (7)(c)
			(b) (6), (b) (/)(C)
·				
Address_(b) (6), (b) (7)(C)	(date) x 6-2	7-19		
Address (b) (6), (b) (7)(C) WILLFUL FALSE STATEMENTS ON THIS CHARGE C	AN BE PUNISHED BY FINE			
	CAN BE PUNISHED BY FINE A PRIVACY ACT STATEM	ENT	(U.S. CODE, T	ITLE 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 voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

t

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Date Filed

7/5/2019

Case 31-CB-244563

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor prac	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	SAGENTS AGAINST WHICH	CHARGE IS I	BROUGHT	
a. Name Service Employees International Union (SEIU) -United Healthcare Wo	rkers West	b. Union Rep Dave Reg		to contact
		Title: Presi	dent	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (323) 734-83	99	e. Cell No.
5480 Ferguson Drive CA Los Angeles 90022		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	ractices)	
See additional page				
3. Name of Employer		4a. Tel. No. (213) 413-30	00	b. Cell No.
Hollywood Presbyterian Medical Center		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)		1	6. Employ	ver representative to contact
1300 N Vermont Ave CA Los Angeles 90027			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(b. Cell No.
11. Address of party filing charge (street, city, state and ZIP code.)		c. Fax No.		d. e-Mail (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	f. Tel.	No. (b) (6), (b	b) (7)(C)
By (b) (6), (b) (7)(C) (signature of representative or person making charge) (Print/type	(b) (6), (b) (7)(C)	Cell	No.	
	Title:	Fax	No.	
(b) (6), (b) (7)(C) Address	(date)_ ^{07/4/2019}	e-M		, (b) (7)(C)
WILLELIL FALSE STATEMENTS ON THIS CHARCE CAN BE BUN				

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)(3)

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

DO NOT WRITE IN THIS SPACE

Date Filed

7/8/2019

Case 31-CB-244632

INSTRUCTIONS: 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	-			ed of is occurring.
1. LABOR ORGANIZATION OR ITS AGENTS AGA	INST WHICH			
a. Name Service Empolyees International Union (SEIU)-United Healthcare Workers West		b. Union Rep Dave Rega Title: Presi	an	to contact
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
5480 Ferguson Drive CA Los Angeles 90022	·	(323) 734-83 f. Fax No.	99	g. e-Mail
h. The above-named organization(s) or its agents has <i>(have)</i> engaged in and is <i>(are)</i> e subsection(s) <i>(list subsections)</i> (3) are unfair practices affecting commerce within the meaning of the Act, or these unfair meaning of the Act and the Postal Reorganization Act.	of the Notic	anal Labor Dol	ations Act a	and those unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the facts constitution	ing the alleged	l unfair labor p	ractices)	
See additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
Hollywood Presbyterian Medical Center		(213) 413-30 c. Fax No.	00	d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact
1300 N. Vermont Ave CA Los Angeles 90027			Title:	
7. Type of establishment (<i>factory, mine, wholesaler, etc.</i>) 8. Identify prin	cipal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(c. Fax No.	6)	(b) (6), (b) (7)(C) d, e-Mail
		C. TAXINO.		(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	l			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my kno	wledge and beliet	f.	No. (b) (6), (b	b) (7)(C)
By (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		Cell	No. (b) (6), (b	b) (7)(C)
(signature of representative of person making charge) (Print/type name and the of Title:	л опісе, п апу	Fax		
(b) (6), (b) (7)(C)	(date)_ ^{07/6/2019}	e-M		i, (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)(3)

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

DO NOT WRITE IN THIS SPACE

Date Filed

7/10/2019

Case 31-CB-244744

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	· ·		· ·		•
	SAGENTS AGAINST WHICH				to contact
a. Name					to contact
Apwu		Frede	die Ba	ates	
		Title:			
c. Address (Street, city, state, and ZIP code)		d. Tel.	No.		e. Cell No.
6317 S Figueroa st		(323) 7	50-07	70	
CA Los angeles 90003		f. Fax N	lo.		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 Act and the Postal Reorganization Act.	of the Nati	onal Labo	r 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 la	abor p	oractices)	
See additional page					
See additional page					
2 Name of Employer		4a. Tel	No		b. Cell No.
3. Name of Employer Usps					
0343		c. Fax I	No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)				6. Emplo	yer representative to contact
1653 7th st CA Santa Monica 90401				Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or servic	е		er of workers employed
				1	1
10. Full name of party filing charge		11a. Te			b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (l		()	
		c. Fax I	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)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		Cell		
By (signature of representative or person making charge) (Print/type					
(-g	Title:	,	Fax	No.	
(b) (6) (b) (7)(C)					
(b) (6), (b) (7)(C)			e-M		$(\mathbf{h}) (7) (0)$
Address	(date) ^{07/10/201}	9 13:39:50		(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)

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.

UNITED STATES OF AMERICA		DO NO	T WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR	the second se	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		31-CB-245318	7/11/2019
INSTRUCTIONS: File an original of this charge with t occurred or is occurring.	the NLRB Region	al Director of the region in v	which the alleged unfair labor practice
1. LABOR ORGANIZATIO	N OR ITS AGENTS	AGAINST WHICH CHARGE IS	
a. Name Communications Workers of America Local	9003	b. Union Representativ Marisa Remski President	ve to Contact
c. Address 825 S. Victory Blvd, Burbank, CA 91502		d. Tel. No. (818)845-9003	e.e. Cell No.
		f. Fax No.	g. e-Mail mremski@cwa9003.org
 The above-named labor organization or its agents has 8(b)(1)(A) of the National Labor Relations Act, and the the Act, or are unfair practices affecting commerce with 	ese unfair labor pri	actices are unfair practices af	fecting commerce within the meaning of
2. Basis of the Charge (set forth a clear and concise stat	tement of the facts	constituting the alleged unfail	ir labor practices)
Within the past six months, the above-name	ed labor organiz	zation has restrained an	nd coerced employees in the
exercise of rights protected by Section 7 of the (b) (6), (b) (7)(C) regarding termination for			
3. Name of Employer AT&T		4a. Tel. No.	4b. Cell No.
		4c. Fax No.	4d. e-Mail Ih650t@att.com
5. Location of Plant involved (street, city, state, and ZIP)	code)	6. Employer representa	
22012 Vanowen St., Canoga Park, CA 9130	03	Keith Hale Mana	ager of Premise Techs
7. Type of Establishment (<i>factory</i> , <i>mine</i> , <i>wholesaler</i>)		oduct or service	9. Number of Workers employed
Telecommunications		unications Service	40+
10. Full name of party filing charge	1 Telecontin	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	ZIP code)		
(b) (6), (b) (7)(C)	12. DECLA	RATION	
declare that have read the above charge an			best of my knowledge and belief.
(b) (6), (b) (7)(C)			Tel No.
2,	(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)
(ai		e name and title or office, if ar	ny Cell No.
(signaking charge)	1.1.1.59	,	
Address:		Date:	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

🖾 0002/0002

INTERNET FORM NI, RB-508	UNITED STATES OF AMERI	ICA	(FORM EXEMPT UNDER 44 U.S.C 3512 IN THIS SPACE
(2-08)	NATIONAL LABOR RELATIONS CHARGE AGAINST LABOR ORGA OR ITS AGENTS	BOARD	Case 31-CI	3-244962	1	Date Filed 7/12/2019
INSTRUCTIONS: File a	n original with NLR8 Regional Director for t	he region in which th	o alleged u	nfair labor pra	ctice occur	red or is occurring.
···· <u>-</u>	1, LABOR ORGANIZATION OR I					
a. Name				b, Union Rep	resentative	to contact
United Food and Co	ommercial Worker, Local 1167			Gabriel S	uarez	
c. Address (Street, city,	state, and ZIP code)			d. Tel. No. (909)877-	5000	é. Cell No.
P.O. Box 1167 Bloomington, Califo	mia 92316			f. Fax No.		g. e-Mail gabo@ufcw1167.org
2. Basis of the Act an Within the past six	Interview (1)(A) fecting commerce within the meaning of the d the Postal Reorganization Act. (set forth a clear and concise statement of months, the above-named Labor C undersigned employee's grievance	the facts constituting Organization brea	labor pract g the ellege ached its	ices are unfair <i>d unfair labor p</i> duty of fai r i	practices a practices) represen	tation by failing to accept
				4a. Tel. No.		b. Cell No.
 Name of Employer Vons Market 				(714)300-	6711	
vons market				c. Fax No.		d. e-Mail
	olved (street, city, state and ZIP code) Palms Highway, Yucca Valley, Ca	, lifornia 92284		1	Yvette	byer representative to contact Sanchez, Associate ons Manager
7. Type of establishme	nt (fectory, mine, wholeseler, etc.)	8. Identify princi	pal product	or service	9. Numb	er of workers employed
retail		grocery store			60	
(b) (6), (b) (7)(C)	iling chargo	·		11a. Tol. No	-	(b) (6), (b) (7)(C)
				c. Fax No.		d. o-Mait
11. Address of party fill (b) (6), (b) (7)((b) (6), (b) (7)(C)	ng charge (streut. city, stote and ZIP code.) C)	1				(b) (6), (b) (7)(C)
i dac	DECLARATION statements therein are true	to the bast of my knowle	edge and belie	Tel.	No.	
Ву	(b) (6),	(b) (7)(C) pe name and title or			(b) (6	s), (b) (7)(C)
(b) (6), (b) (7)(C)			Fax		6), (b) (7)(C)
Address			atc)			
WILLFUL FALSE STA	TEMENTS ON THIS CHARGE CAN BE P	UNISHED BY FINE . WACY ACT STATE		ISONMENT (L	J.S. CODE,	TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA				IOT WR	
NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATIO	N.	Caso			Date flind
OR ITS AGENTS					
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	he NLRB	Regional Di	inactor of the reg	ion in v	which the alleged unifair labor prectice
1 LABOR ORGANIZATION	V OR ITS,	AGENTS AG	INST WHICH CH	ARGE IS	BRÓUGHT
a. Namo			b. Union Hepr	esentetiv	ve to Contact
United Association of Journeyman and Apprer	ntices o	f the	Mike Hartl	ey, Bu	isiness Manager
Plumbing and Pipe Fitting Industry of the Unite	ed State	95 ano			
Canada, Local Union 230					
c Address			d. Tel. No	-	e. Cell No.
6313 Nancy Ridge Drive			(858) 554-0	500	a. e-Mai
San Diego, CA 92121	1		1, F. (MU.		D
h. The above named (abor organization or its egents have 8(b), subsection(s) (1)(A) and (2) of the National Labo within the meaning of the Act, or are unfair practices a	affecting c	ns Act, and th commerce wit	tese unfäir läbör (Thin the meaning	oractices of the Ad	are unlair practices uffecting commerce of and the Postal Reorganization Act.
2 Besis of the Cherge (set fonh a clear and conclea state	oment of	the facts con	stituting the allog	oci urifiai)	r labor practices)
Within the past six months, the above-named Unio	n heres	d through it	ts officers and/	T SDec	s violated Section 8(b)(1)(A) and
(2) in the following ways:	ur oà so			vi egen	
(1) In April 2019, the Union operated the Hir	ing Hall	in an arbitr	ary, discrimina	tory, or	bad faith manner in relation to a job
for Finishline at the San Onefre Nuclear I					
(2) On about May 24, 2019, the Union failed	to provi	de the Char	ging Party with	i reques	sted information regarding how many
Union members were dispatched to a job	at San D)iego airpor	t; and,		
(3) The Union has operated the Hiring Hall a	n arbitra	ry, discrimi	inatory, or bad	faith m	anner, by providing select Union
members with nearly constant employment	n <u>t, while</u>	allowing th	he Charging Pa	rty to <u>b</u>	e out-of-work since July 2016.
3. Name of Employer			4a. Tel No.		b. Cell No.
Finishline Certified Welding			(760) 271-636- 4c. Fax No.		
_			4¢, Fax No.	40	d. e-Meil
S. Location of Plant involved (street, city, state, and ZiP of	code)		6, Employer re	presenta	tive to contact
32082 Anna Maria, Bonsai, CA 92003	r		Erik Irvine	, Own	er
7 Type of Establishment (Ischny, minh, wholoshior)	El. Princ	touborg lags	or service	9. Nur	mber of Workers employed
Construction	Weldi	ing			
10 Full name of party filling charge			110 Tel. No.	(7)(C)	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)			(b) (6), (b)	$(I)(\mathbf{C})$	
			11c, Fax No		(b)(6),(b)(7)(C)
41 Address of party lling abstract (V/MA) (114 MINIS ADD	ŽII ² codel	1		<u> </u>	
(b) (6), (b) (7)(C)					
	12	DECLARA			· · · · · · · · · · · · · · · · · · ·
(declare that) have rund the above charge and				to the t	beet of my knowledge and bellef.
					(b) (6), (b) (7)(C)
(b) (6) (b) (7)(C)		(b) (6), ((b) (7)(C) _A	n	
(b) (6), (b) (7)(C)		Individual			Cell No.
		Driot/luna -	eme and title or o	files if	Fax No.
(5		Рломуре п впу)	guna sura ana or a	mce, it	F 64 (99.
(b) (c) (b) $(7)(c)$			Date:		e-Mai(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)					

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BIT FUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, 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 under 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 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 AGENTS		31-CB-245310	7/19/2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.		-	
1. LABOR ORGANIZATION OF	R ITS AGENTS AGA		
a. Name Service Employees International Union, United Workers-West	i Healthcare	b. Union Representative Dave Regan, Pres	
c. Address 5480 Ferguson Drive, Los Angeles, CA 90022		d. Tel. No. (323) 734-8399	e. Cell No.
		f. Fax No. (323) 721-3538	g. e-Mail
 h. The above-named labor organization or its agents have e 8(b), subsection(s)(1)(A) of the National Labor Relations meaning of the Act, or are unfair practices affecting communications 	Act, and these unfa nerce within the me	air labor practices are unfail saning of the Act and the Po	r practices affecting commerce within the ostal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise statem			
Within the past six months, the above-captione failing to represent (b) (6), (b) (7)(C) emplo			
or in bad faith and by failing to communicate w			
outpatient pharmacy employees.	an and employe	ses about the terms a	no conditions or employment of
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Hollywood Presbyterian Medical Center		(213) 413-3000	
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP cod	e)	6. Employer representati	ve to contact
1300 N. Vermont Ave., Los Angeles, CA 90027			
7. Type of Establishment (factory, mine, wholesaler)	 Principal prod 	uct or service	9. Number of Workers employed
Hospital	Medical Ser	vice Provider	100+
10 Full name of party filing charge (b) (6), (b) (7)(C)		11a, Tel, No,	(b) (6), (b) (7)(C)
		11c. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and ZiP (b) (6), (b) (7)(C)	code)		······································
	12. DECLARAT	FION	· ·
(b) (6), (b) (7)(C)	at the statements	therein are true to the be	est of my knowledge and belief.
			Tel No.
By:	(b) (6), (b) (7)(C)An Individual	
(signature or representative or person making charge)	Print/type name a	and title or office, if any	Cell No. (b) (6), (b) (7)(C)
$\binom{\text{Ardress}}{(b)(6)}$, (b) (7)(C)		Date:	Fax No.
		7/6/19	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)

WILLFOL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE IS, 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 sag. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-508 (2-08) UNITED STATES OF AMERICA	<u>د ا</u>					UNDER 44 U.S.C. 3512
NATIONAL LABOR RELATIONS BOARD		ise			Date	
CHARGE AGAINST LABOR ORGANI	ZATION	31	-CB-24	5643		7/26/2019
OR ITS AGENTS	L		00 21			//20/2019
INSTRUCTIONS: File an original with NLRB Regional Director f	for the region in which the a OR ITS AGENTS AGAINS	lleged T WHIC	unfair labo	or practice occ GE IS BROUG	urred or HT	is occurring.
a. Name				b. Union Rep	resentati	
ILWU, Local 26				Luisa Gra	z, pres	sident
c. Address (street, city, state 5625 South Figueroa Street	and ZIP code)		Tel No.		e.	Cell No.
Los Angeles, CA 90037			23) 753- ¹ ax No.	3461	()
			ax NU.		-	e-Mail ofc@ilwu.com
commerce within the meaning of the Act, or these unfair labor pr Reorganizing Act.	lational Labor Relations Act ractices are unfair practices	and th affectin	ese unfair ig commer	labor practice rce within the r	s are unf	fair practices affecting
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the	alleged	unfair İab	or practices)		
Within the past six months, the above-no	oted Union has fai	led i	ts duty	of fair re	prese	entation as to
employer re-distribution/re-classification	of lead positions	for "e	each pi	ck" and s	eason	al departments
resulting in denial of such position to the			-			-
position to go to other employees for arbit	+					
3. Name of Employer			4a.	Tel No.		b. Cell No.
Rite Aid (Thrifty Payless)			(66	61) 951-7591	-	()
			C. I	Fax No.		g. e-Mail
				<u>61) 951-7511</u>		
5. Location of plant involved (street, city, state and ZIP code) 2801 W. Avenue H, Lancaster, CA 93536				mployer repre		e to contact Senior HR
2001 W. Avenue II, Lancaster, CA 55550				nager	nan, c	Semor III
			IVIA	mager		
	Identify principal product or illing of Retail Order		⊧ 9. N 50	umber of work	ers empl	loyed
Distribution Center 11 10. Full name of party filing charge			11:	a. Tel No.	b. Cell	No.
(b) (6), (b) (7)(C)			()	(
			C. 1	Fax No.	d.e-Ma	
)	(b) (6)	, (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP cod (b) (6), (b) (7)(C)	le)					
12. DECLARATIO		a a sub a d	a and k -1'-	Tel.No.		
I declare that I have read the above charge and that the statements there	en are true to the best of my ki	iowicag	se and bene			
				Office,	f any, Ce	ell No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	n indivi	dual		(b) (7)	(C)
(Signatur	(Print/type name and title o	r office,	if any)	Fax No		
Address(b) (6), (b) (7)(C) (dat	te) x 7-22-1	9		() e-Mail		
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN	BE PUNISHED BY FINE A		RISONME	ENT (U.S. COI		F 18 SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-508 (2-08)						UNDER 44 U.S.C. 3512
UNITED STATES OF AMERIC				O NOT WRIT		
NATIONAL LABOR RELATIONS BO		Cas			Date	
CHARGE AGAINST LABOR ORG OR ITS AGENTS	ANIZATION	1	31-CB-24	5632	7/2	6/2019
INSTRUCTIONS: File an original with NLRB Regional Dire	ctor for the region in which t					is occurring.
a. Name	HON ON HIS AGENTS AGA	1101		b. Union Rep		ive to contact
ILWU, Local 26				Luisa Gra		
c. Address (street, city, 5625 South Figueroa Street	state and ZIP code)		d. Tel No.		e.	Cell No.
			(323) 753	-3461	()-
Los Angeles, CA 90037			f. Fax No.		1.0	e-Mail fc@ilwu.com
commerce within the meaning of the Act, or these unfair lat Reorganizing Act.	the National Labor Relations for practices are unfair practi	Act, a ces a	and these unfa ffecting comme	ir labor practice arce within the i	s are uni	fair practices affecting
2. Basis of the Charge (set forth a clear and concise staten	nent of the facts constituting	the al	leged unfair lai	bor practices)		
Within the past six months, the above	-noted Union has	faile	ed its dut	y of fair re	eprese	entation as to
employer re-distribution/re-classificat	ion of lead position	ns fo	or "each p	ick" and s	eason	al departments
resulting in denial of such position to	_		-			
position to go to other employees for a	•					
	in the second		iouo rouo			ion nevorition.
3. Name of Employer				a. Tel No.		b. Cell No.
Rite Aid (Thrifty Payless)						b. Cen No.
The flu (Thinty Tayless)				61) 951-7591 Fax No.		g, e-Mail
				61) 951-7511		L
5. Location of plant involved (street, city, state and ZIP coor				Employer repre		
2801 W. Avenue H, Lancaster, CA 93	030				nan, s	Senior HR
			M	anager		
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal produc	ct or s	ervice 9.	Number of work	kers emp	loyed
Distribution Center	Filling of Retail Or	ders	50)0+		
10. Full name of party filing charge	· · · · · · · · · · · · · · · · · · ·		11	a. Tel No.	b. Cell	No.
(b) (6), (b) (7)(C)			(c.) Fax No.	(b) (6), d. e-Ma	(b) (7)(C)
			()		
11. Address of party filing charge (street, city, state and ZII	P code)					
(b) (6), (b) (7)(C) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ATION			Tol No		
	s therein are true to the best of m	ny kno	wledge and beli	ef.		
		-		(·)·	1	
					if any, Ce	
BV X	(b) (6), (b) (7)(C)	n indiv	vidual	· · ·), (b) (7)	(C)
(Signature or representative or person making charge)	. (Print/type name and tit			Fax No).	
Address(b) (6), (b) (7)(C)	_ (date) X	.2	4-19	() e _≓ Mail	δ), (b) (7//(C)
				(b) (6	o), (b) (<i>(</i>)(C)
WILLFUL FALSE STATEMENTS ON THIS CHARGE (CAN BE PUNISHED BY FIN			IENT (U.:		

Ş

UNITED STATES OF AMERICA		DO NO	T WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD		Case	Date filed		
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	N OR ITS	31-CB-245877	7/31/2019		
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.					
1. LABOR ORGANIZATION	OR ITS AGENTS AG				
a. Name		b. Union Representativ	ve to Contact		
Unite Here Local 11		Lori Condinus			
		Vice President			
c. Address 464 Lucas Avenue #201, Los Angeles, CA 9	0017	d. Tel. No. (213)481-8530	e.e. Cell No.		
		f. Fax No.	g. e-Mail		
			lori@unitehere11.org		
 h. The above-named labor organization or its agents hav 8(b), subsection(s) 1(A) of the National Labor Relation meaning of the Act, or are unfair practices affecting co 	s Act, and these unfai	r labor practices are unfa	ir practices affecting commerce within the		
2. Basis of the Charge (set forth a clear and concise state	ment of the facts con	stituting the alleged unfai	r labor practices)		
Since about 6000 (2019, the above-named	l labor organizati	on has restrained an	id coerced employees in the		
exercise of rights protected by Section 7 of the					
regarding of termination for arbitrary or disc					
regarding termination for arbitrary of also	annihatory reason				
		4- T-1 No			
3. Name of Employer Paradies Lagardere		4a. Tel. No.	4b. Cell No.		
Paradies Lagardere		4c. Fax No.	4d. e-Mail		
	-	40. T ax NO.	maureen.mcnally@paradies-		
			na.com		
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representa			
2849 Paces Ferry Road, Overlook 1, Suite 4		Maureen McNally HR Manager			
30339					
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed		
Retail	Consumer Go		1500		
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	TION			
I declare that I have read the above charge and	that the statements	therein are true to the t	hest of my knowledge and helief		
	that the statements	therein are thus to the t	Tel No.		
(b) (6), (b) (7)(C)					
Pur					
By:	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		
(signatu aking charge)	Print/type nat any	me and title or office, if	Cell No.		
Address:		Date:	Fax No.		
(b) (6), (b) (7)(C)		1.1 -			
		317/2019	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 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 volument, however, follower, followe (b) (6), (b) (7)(C) 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

(2-08) NATIONAL LABOR REL	ATIONS BOARD	Case		De	ate Filed	
CHARGE AGAINST LABO OR ITS AGE			B-245878		/31/2019	
INSTRUCTIONS: File an original with NLRB Regional Dire	ector for the region in which the	e alleged un	fair labor prac	tice occurre	ed or is occurring.	
1. LABOR ORGANIZATI	ION OR ITS AGENTS AGAIN	ST WHICH (CHARGE IS B	ROUGHT		
a. Name american postal workers union			b. Union Repr freddie bate Title: apwu	es		
c. Address (Street, city, state, and ZIP code)			d. Tel. No.		e. Cell No.	
6317 figueroa st CA los angeles 90003			(323) 750-077 f. Fax No.	70	g. e-Mail	
 h. The above-named organization(s) or its agents has (have subsection(s) (list subsections) (1)(A), (3) are unfair practices affecting commerce within the meaning meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise state) 	ing of the Act, or these unfair I	of the Natior abor practic	nal Labor Rela es are unfair p	itions Act, a practices aff	and these unfair labor	practices
See additional page						
3. Name of Employer			4a. Tel. No.		b. Cell No.	
3. Name of Employer u s postal service			4a. Tel. No. c. Fax No.		b. Cell No. d. e-Mail	
u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd	de)		c. Fax No.	6. Employe		ontact
u s postal service 5. Location of plant involved (street, city, state and ZIP co	de) 8. Identify princip		c. Fax No.	Title:	d. e-Mail	
u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd CA los angeles 90009		al product o	c. Fax No.	Title: 9. Number	d. e-Mail er representative to c	
 u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd CA los angeles 90009 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 	8. Identify princip	pal product o	c. Fax No.	Title: 9. Number	 d. e-Mail rer representative to operative of workers employee b. Cell No. d. e-Mail 	
 u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd CA los angeles 90009 7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge 	8. Identify princip	pal product o	c. Fax No. r service 11a. Tel. No. b) (6), (b) (7)(0	Title: 9. Number	d. e-Mail er representative to o er of workers employe b. Cell No.	
u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd CA los angeles 90009 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 Zi (b) (6), (b) (7)(C) 12. DECLARATI declare that I have read the above charge and that the statements there	8. Identify princip	al product o	c. Fax No. r service 11a. Tel. No. (b) (6), (b) (7)(0 c. Fax No.	Title: 9. Number	 d. e-Mail rer representative to of r of workers employee b. Cell No. d. e-Mail (b) (6), (b) (7)(C) 	
 u s postal service 5. Location of plant involved (street, city, state and ZIP con 5800 w century blvd CA los angeles 90009 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 ZI (b) (6), (b) (7)(C) 12. DECLARATION 	8. Identify princip <i>IP code.)</i> ON ein are true to the best of my knowled (b) (6), (b) (7)(C)	al product o	c. Fax No. r service 11a. Tel. No. b) (6), (b) (7)(C c. Fax No.	Title: 9. Number 7 No. (b) (6), (b) No.	 d. e-Mail rer representative to of r of workers employee b. Cell No. d. e-Mail (b) (6), (b) (7)(C) 	

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.

8(b)(3)

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

FORM EXEMPT	UNDER 44	U.S.C 3512
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07/22/2019

31-CB-245392

Case

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 AGENTS AGAINST WHICH CHARGE IS BROUGHT

 a. Name
 b. Union Representative to contact

 SEIU-UHW
 (b) (b) (7)(C)

	Title:		
c. Address (Street, city, state, and ZIP code)	d. Tel. No. (b) (6), (b) (7)(C)	e. Cell No.	
5601 De Soto Ave CA Woodland Hills 91367	f. Fax No.	g. e-Mail	

h. The above-named organization(s) or its agents has (have) engaged in	and is (are)engaging in unfair labor practices within the meaning of section 8(b),
subsection(s) (list subsections) (1)(A)	of the National Labor Relations Act, and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Act,	or these unfair labor practices are unfair practices affecting commerce within the
meaning of the Act and the Postal Reorganization Act.	

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

--See additional page--

3. Name of Employer Kaiser Permanente		4a. Tel. No.		b. Cell No.	
		5 N			
		c. Fax No.		d. e-Mail	
5. Location of plant involved (street, city, state and ZIP code)			6. Employer representative to contact		
5601 De Soto AVe					
CA Woodland Hills 91367			Title:		
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or service		9. Number of workers employed		
Healthcare Facilities					
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		c. Fax No.		d. e-Mail	
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)					
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.				b) (7)(C)	
		Cell	Cell No.		
(signature of representative or person making charge) (Print/type name and title or office, if any)		()	(b) (6), (b) (7)(C)		
	Title:		Fax No.		
(b) (6), (b) (7)(C)		e-M	ail		
Address	(date) ^{07/20/201}	9 11:51:30	(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)

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.