UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR	D	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	N OR ITS	20-CB-246067	08/02/2019
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.	he NLRB Regiona	al Director of the region in which	h the alleged unfair labor practice
	OR ITS AGENTS	AGAINST WHICH CHARGE IS BRO	
a. Name United Food & Commercial Workers Union,	Local 648	b. Union Representative to Dan Larson	Contact
c. Address 1980 Mission Street, San Francisco, CA 941	103	d. Tel. No. (415)861-7840	e.e. Cell No.
		f. Fax No. (415)861-8267	g. e-Mail
 h. The above-named labor organization or its agents hav 8(b), subsections (1)(A)of the National Labor Relations meaning of the Act, or are unfair practices affecting co 	s Act, and these u	are engaging in unfair labor pract nfair labor practices are unfair pra	ctices affecting commerce within the
Union's medical insurance fund. By these ac rights protected by Section 7 of the Act for a			
3. Name of Employer Boudin Bakery		4a. Tel. No.	4b. Cell No.
,		4c. Fax No.	4d. e-Mail Pmiller @ boudenbakery.c
5. Location of Plant involved (street, city, state, and ZIP of	code)	6. Employer representative	
160 Jefferson Street, San Francisco, CA 94	133	Paul Miller V.P. Ope	rations
7. Type of Establishment (factory, mine, wholesaler)	8. Principal pro		9. Number of Workers employed
Bakery	Baked goo		100
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.
		11c. Fax No.	$^{11d}_{(b)} (6) (b) (7)(C)$
	ZIP code)		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	12. DECLA	11c. Fax No.	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	12. DECLA	11c. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C)	12. DECLA	11c. Fax No.	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	12. DECLA d that the stateme (b) (6), (11c. Fax No. RATION ents therein are true to the best	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	12. DECLA d that the stateme (b) (6), (11c. Fax No. RATION ents therein are true to the best	(b) (6), (b) (7)(C) of my knowledge and belief. Tel No.
(b) (6), (b) (7)(C) (declare that I have read the above charge and (b) (6), (b) (7)(C) (b) (c) (c) (c) (c) (c) (c) (c) (c)	12. DECLA d that the stateme (b) (6), (11c. Fax No. RATION ents therein are true to the best	(b) (6), (b) (7)(C) of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (c)	12. DECLA d that the stateme (b) (6), (11c. Fax No. RATION ents therein are true to the best b) (7)(C) e name and title or office, if any	(b) (6), (b) (7)(C) of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) Cell No.

10. <u>10</u>11:

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND INFRESONMENT (0.0.0000, 0.000, 0

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-508 (4-19)					
(4-13) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD		DO NOT WRITE IN THIS SPACE			
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	Case	20-CB-246098	Date Filed	2019	
INSTRUCTIONS: File an original with NLRB Regional Director for the region in	n which the alleged unfair la	abor practice occurred or i	is occurring.		
1. LABOR ORGANIZATION OR ITS AGENT	S AGAINST WHICH CHAP	RGE IS BROUGHT			
a. Name Hawaii Teamsters and Allied Workers, Local 996		b. Union Representativ Mr. Wayne K. S. Ka President			
c. Address (Street, city, state, and ZIP code) 1817 Hart Street		d. Tel. No. (808) 847-6633	e. Cell No.		
Honolulu, Hawaii 96819		f. Fax. No. (808) 842-4575			
		g. e-mail			
h. The above-named labor organization has engaged in and is engaging in un $8(b)(1)(A)$ practices are practices affecting commerce within the meaning of the Act, of the Act and the Postal Reorganization Act.	of the Nati	ional Labor Relations Act, es affecting commerce wit	and these unfair labo		
2. Basis of the Charge (set forth a clear and concise statement of the facts co	nstituting the alleged unfair	labor practices)			
The Union breached its duty to fairly represent employees when it re exercising their right to vote on whether to ratify the CBA in July 20		numerous eligible emp	HONOLU	NLRB SU	
3. Name of Employer Kapi'olani Medical Center for Women & Children	4a. Tel. No. (808) 983-6000	b. Cell No.	c.Eax No		
	d. e-mail	_ <u> </u>	HAW 12	GION	
5. Location of plant involved (street, city, state and ZIP code) 1319 Punahou Street Honolulu, Hawaii 96826		6. Employer representa Barry W. Marr, Esq. Emily R. Marr, Esq. Attorneys for Emplo	ative Contact	37	
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identif Hospital Healthc	y principal product or servic are	ce 9. Number 1697	r of workers employed	ť	
10. Full name of party filing charge Barry W. Marr, Esq.		t			
11. Address of party filing charge (street, city, state and ZIP code) Marr Jones & Wang, 1003 Bishop St, Ste 1500, Honolulu, HI 96813	11a. Tel. No. (808) 536-4900	b. Cell No.	c. Fax No. (808) 536-6700		
	d. e-mail bmarr@marrjones.c	om			
12. DECLARATION I declare that I have read the above charge and that the above charge and that the best of my knowledge and be		Tel. No. (808) 536-4	1900		
Barry W. N	Marr, Attorney for Empl				
	a name and title or office, if any) Fax No. (808) 536-6	5700		
Marr Jones & Wang LLP, 1003 Bishop Street, Suite 1500		e-mail			

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 liligation. 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.

NATIONAL LABOR RELATIONS BOARD		WRITE IN THIS SPACE
	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	20-CB-246886	8/19/2019
INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring.	Director of the region in wh	ich the alleged unfair labor practice
1. LABOR ORGANIZATION OR ITS AGENTS A		
a. Name Sheet Metal Workers Local 104	b. Union Representative	to Contact
	Danny	
c. Address 1939 Market Street, San Francisco, CA 94103	d. Tel. No. (415)621-2930	e.e. Cell No.
	f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents have engaged in and a 8(b), subsection(s) (1)(a) and (2)of the National Labor Relations Act, and within the meaning of the Act, or are unfair practices affecting commerce 	these unfair labor practices an within the meaning of the Act	e unfair practices affecting commerce and the Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise statement of the facts c		
Within the past six months, the above-named labor organization	-	
exercise of rights protected by Section 7 of the Act by opera	tting a hiring hall in a ma	inner that was arbitrary,
discriminatory or in bad faith.		
Within the past six months, the above-named labor organiza	ation has refused to refe	r (b) (6), (b) (7)(C) for
employment for reasons other than the failure to tender unif	ormly required initiation	fees and periodic dues
employment for reasons other than the failure to tender unit	onny roquirou initiation	
3. Name of Employer	4a. Tel. No.	4b. Cell No.
Acco Engineering	4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)	6. Employer representativ	ve to contact
1133 Aladdin Avenue, San Leandro, CA 94577		
7. Type of Establishment (<i>factory, mine, wholesaler</i>) 8. Principal prod	luct or service	9. Number of Workers employed
Construction Construction		600
10 Full name of narty filing charge	11a. Tel. No.	11b. Cell No.
10. Full name of party filing charge (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
	11c. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)		
12. DECLAR	RATION	
I declare that I have read the above charge and that the statement	nts therein are true to the be	
		Tel No.
b) (6) (b) $(7)(C)$ (b) $(6), (b)$	o) (7)(C)	(b) (6), (b) (7)(C)
b) (6), (b) $(7)(C)$), (b) (7)(C)	Cell No.
	Date:	Fax No.
	Slippor	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

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UNITED STATES OF AMERICA		DO NOT V	VRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-св-246948	8/21/2019	
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.	he NLRB Regional D	irector of the region in whi	ch the alleged unfair labor practice	
	OR ITS AGENTS AG	AINST WHICH CHARGE IS BI	ROUGHT	
a. Name		b. Union Representative		
SEIU-UHW	(o) (6), (b) (7)(C)		
c. Address		d. Tel. No.	e.e. Cell No.	
1911 F Street, Sacramento, CA 95811				
		f. Fax No.	g. e-Mail	
 h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relative the meaning of the Act, or are unfair practices affecting. 2. Basis of the Charge (set forth a clear and concise state) 	ons Act, and these unit g commerce within the	air labor practices are unfair meaning of the Act and the	practices affecting commerce within Postal Reorganization Act.	
(b) (b) (b) (c)(c)			oerced employees in the	
exercise of rights protected by Section 7 of t				
regarding forced resignation for arbitrary				
regarding offeet resignation for arbitrary	or discriminatory		· · ·	
3. Name of Employer		4a Tel No	4b. Cell No.	
Kaiser Pringnente - Home CARE	DEDT.	4a. Tel. No. 916 52.5 -68	009	
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP of	code)	6. Employer representativ	e to contact	
5. Location of Plant Involved (street, city, state, and ZIP of 82 11 East Stockton Blvd, Sacramento, CA	•	6. Employer representativ Marv.jo Smith RN I	e to contact Manager Marxiso Schmip	
82 11 East Stockton Blvd, Sacramento, CA	•	MaryJo Smith RN I		
82 11 East Stockton Blvd, Sacramento, CA 17. Type of Establishment (factory, mine, wholesaler)	95828 8. Principal produc	MaryJo Smith RN I	Manager MaryJO Schmip	
t-	95828	MaryJo Smith RN I	Manager Mar 130 Schmit 9. Number of Workers employed	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filling charge	95828 8. Principal produc	MaryJo Smith RN I t or service	Manager Mar 130 Schmit 9. Number of Workers employed 1000	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filling charge	95828 8. Principal produc	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C)	Manager Mar 130 Schmit 9. Number of Workers employed 1000 11b. Cell No.	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filling charge (b) (6), (b) (7)(C) 11. Address of party filling charge (<i>street, city, state, and 2</i>)	95828 8. Principal produc Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C)	Manager Mar 130 Schmit 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall	
82 1 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C)	95828 8. Principal produc Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	Manager Mar 130 Schmit 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall	
82 1 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and 2</i> (b) (6), (b) (7)(C)	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	Manager Maryso Schmid 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C)	
82 1 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and 2	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	Manager Mary30 Schmid 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall (b) (6), (b) (7)(C) t of my knowledge and belief.	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C) I declare that I have read the above charge and	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	Manager Maryso Schmid 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C)	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and 2</i> (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C)	95828 8. Principal produc Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. 11c. Fax No.	Manager Maryso Schmit 9. Number of Workers employed 1000 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C) it of my knowledge and belief. Tel No.	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C) I declare that I have read the above charge and	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. TION therein are true to the bes	Manager Mary 30 Schmit 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and 2</i> (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C)	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. 11c. Fax No.	Manager Maryso Schmit 9. Number of Workers employed 1000 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C) it of my knowledge and belief. Tel No.	
82 1 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C) By: (signature of representative or person making charge)	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. (ION therein are true to the bes (7)(C) me and title or office, if any Date:	Manager Maryso Schmie 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall (b) (6), (b) (7)(C) t of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) Cell No. Fax No.	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and 2 (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C) By: (signature of representative or person making charge)	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. (ION therein are true to the bes (7)(C) me and title or office, if any Date:	Manager Mary 30 Schmid 9. Number of Workers employed 1000 11b. Cell No. 11d e-Mall (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Cell No. Fax No.	
82 11 East Stockton Blvd, Sacramento, CA 7. Type of Establishment (<i>factory, mine, wholesaler</i>) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (<i>street, city, state, and 2</i> (b) (6), (b) (7)(C) I declare that I have read the above charge and (b) (6), (b) (7)(C) By: (<i>signature of representative or person making charge</i>)	95828 8. Principal product Health Care	MaryJo Smith RN I t or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. 11c. Fax No. 11c. Fax No. (ION therein are true to the bes (7)(C) me and title or office, if any	Manager Maryso Schmie 9. Number of Workers employed 1000 11b. Cell No. 11d. e-Mall (b) (6), (b) (7)(C) t of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) Cell No. 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 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

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

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ORM NLRB-508 (4-19)						15WF1 UNDER 44 U.S.U.
	UNITED STATES (NATIONAL LABOR RE CHARGE AGAINST LAB	ATIONS BOARD		Bse	DO NOT WRITE IN	Date Filed
	OR ITS AG	ENTS	L	11	20-св-247070	8/22/2019
STRUCTIONS	File an original with NLRB Regional					s occurring.
Name	1. LABOR ORGANIZ	ATION OR ITS AGENTS A	GAINST WHI	¢н¢	<u> </u>	······
warne	ESC LOCAL 20				b. Union Representati JOHN WARD MICHAEL AI	
Address (Stree	t, city, state, and ZIP code)			┼┼	d. Tel. No. 415 509 7718	
	810 CLAY STREET				415 509 118	
ľ	OAKLAND OA 9460	7			f. Fax. No.	
	OAKLAR ON THE				510 238 83	
					g. e-mail Julind a	
	······································				maidon @ it	
The abové-nar	ned labor organization has engaged i	h and is engaging in unfair	labor practice	e wit	n the meaning of section 8(t	and (list subsections)
			· ·	1 1	National Labor Relations Act	
1	ractices affecting commerce within th	e meaning of the Act, or the	øse µnfair labi	of pra	tices affecting commerce wi	thin the meaning of
	Postal Reorganization Act.				· · · · · ·	
1	harge (set forth a clear and concise st			ned u	fair labor practices)	
u	FAIR BAD FAITH	REPRESENTA	110			
iame of Emplo	PER MANENTE LABOR	TORY	4a. Tel. No. 415 83 3 3	1	b. Cell No.	c. Fax No.
KAISE				40 2	415 53 70322	713 122 2390
			d. e-mail	¦.∤	Johnson @ Kr.org	
ocation of pla	ht involved (street, city, state and ZIP	code)		+	6. Employer represent	<u> </u>
2425	GEARY BOULEVARD				Diane Johns	6.17
SFO	CA 94115					
	shment (factory, mine, wholesaler, et HOS PIJAL	c.) 8. Identity pr	incipal produc	tors	Vice 9. Numbe	of workers employed
	arty filing charge))	
		P code)	11a, Tel, No.	+	b. Cell No.	c. Fax No.
(b) (6),	v filino charge (street, city, state and 7) (b) (7)(C)		114. 18. 140.		(b) (6), (b) (7)(C)	U, TEX NO.
			d. e-mail (b)	(6),	(b) (7)(C)	
			1			
	I declare that I have read the a	CLARATION pove charge and that the s	tatements		Tel. No.	
(b	I declare that I have read the a), (b)	(7		6), (b) (7)(C)
laina akuna af	I declare that I have read the a are true to the best o) (6), (b) (7)(C)	pove charge and that the s f my knowledge and belief, (b) (6	ntatements), (b) the end title or of	(7 ffice, i)(C)	6), (b) (7)(C)
	I declare that I have read the a are true to the best o	pove charge and that the s f my knowledge and belief, (b) (6), (b) me end title or of)(C)	6), (b) (7)(C)
	I declare that I have read the a are true to the best o) (6), (b) (7)(C)	pove charge and that the s f my knowledge and belief, (Print/type ner), (b))(C)	

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOAR		Case	Date filed	4
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	N OR ITS	20-CB-24711	3 08/22/2019	
INSTRUCTIONS: File an original of this charge with t occurred or is occurring.				
1. LABOR ORGANIZATION	OR ITS AGENTS AG		BROUGHT	7
a. Name Service Employees International Union, Unit	ted Healthcare	(b) (6), (b) (7)(C)		
Workers West SEIU-UHW				
c, Address 1191 F ST		d. Tel. No.	(b) (6), (b) (7)(C)
Sacraments, CA 9581		f. Fax No.	(b) (6), (b) (7)	(C
h. The above-named labor organization or its agents hav	e engaged in and are	engaging in unfair labor p	ractices within the meaning of section	-// (-/ (-/
8(b), Subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting	g commerce within the	air labor practices are unit meaning of the Act and the	ne Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise state	ement of the facts con	stituting the alleged unfair	labor practices)	
Within the past six months, the above-name	d labor organizati	on has restrained and	coerced employees in the	
exercise of rights protected by Section 7 of t	he Act by refusing	to process the griev	ance of the undersigned	
regarding discharge for arbitrary or discr	, ,	•		-
				1
3. Name of Employer Kaiser Sacramento		4a. Tel, No.	4b. Cell No.	7
Kaise Remanente	- -	4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP of	xode)	Employer representat	lve to contact	7
3200 Arden Way, Sacramento, CA 95825			abor Relations Representative	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or serviçe	9. Number of Workers employed	7
Hospital	Medical Service		100 5	1
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	
· •		11c. Fax No.	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	(6) (b) (7)	7)(C)		7
(b) (6), (b) (7)(C)	b) (b), (b) (i)()		
			·	
I declare that I have read the above charge and	I that the statements	therein are true to the be	ast of my knowledge and bellef.	
(b) (6), (b) (7)(C)			Tel No.	
By:	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)	
(signature of tepresentative or parson making charge)	Print/type nan	ne and title or office; if any	(b) (6), (b) (7)(C)	1
(b) (6), (b) (7)(C)		Date:	Fax No.].
		8-10-19	e Mail (b) (6), (b) (7)(C)	
		المشتحد ويستعد ومع		

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOAR			RITE IN THIS SPACE
CHARGE AGAINST LABOR ORGANIZATION OR ITS		Case 20-CB-247233	Date filed 08/27/2019
AGENTS INSTRUCTIONS: File an original of this charge with t	to NI PR Pagional D	L	
occurred or is occurring.			
1. LABOR ORGANIZATION a. Name	N OR ITS AGENTS AGA	AINST WHICH CHARGE IS BR b. Union Representative to	
Service Employees International	Union.	Olga Miranda. Pro	
Local 87	<i></i>		
		(b) (6), (b) (7)(C)	
 c. Address 240 Golden Gate Ave, San Francisco, CA 	d. Tel. No. (415) 885-0087	e.e. Cell No.	
240 Golden Gate Ave, San Francisco, Cr	4 94102	f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents have 8(b)(1)(A) of the National Labor Relations Act, and the the Act, or are unfair practices affecting commerce with 	ese unfair labor practic	es are unfair practices affecti	ng commerce within the meaning of
2 Basis of the Charge (set forth a clear and concise stat	ement of the facts con	stituting the alleged unfair lab	or practices)
The Union has failed to assist	(0), (0), (1), (1)	and the other en	nployees in the
bargaining unit. The Employer r	reduced wag	es of all employe	es. The Employer told
the employees that the Union a	areed to the	reduction in waa	_{es} (b) (6), (b) (7)(C)
stated that this was incorrect. H			
grievance. Location of work: 40 Also employees complained that payroll	JU WICANISLEI	Sheel, San Fran	icisco, CA
3. Name of Employer	acaucions p	4a. Tel. No.	4b. Cell No.
ZERO WASTE SOLUTIONS, INC.		925 270 3339	45. OCH NO.
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP of	code)	6. Employer representative	to contact
1850 Gateway Blvd., Suite 1030, Concord	l, CA 94520	Glenda Burg	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed
cleaning services	cleaning service		
(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 code)	1	
(b) (6), (b) (7)(C)			
	12. DECLARAT	TION	
I declare that I have read the above charge and	d that the statements	therein are true to the best	of my knowledge and belief.
	(b) (6)	(b) (7)(C)	Ter No.
	(b) (6),	(b) (7)(C)	
b) (6), (b) (7)(C)	(b) (6), An individua Print/type name an	(b) (7)(C) d title or office, if any	(b) (6), (b) (7)(C) Cell No.
(signature or representative or person making charge)		d title or office, if any	(b) (6), (b) (7)(C) Cell No.
b) (6), (b) (7)(C)		·	(b) (6), (b) (7)(C) Cell No. Fax No.
b) (6), (b) (7)(C)		d title or office, if any	(b) (6), (b) (7)(C) Cell No.

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 seg.* 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 NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Date Filed

08/28/2019

Case 20-CB-247312

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		-		ed of is occurring.
1. LABOR ORGANIZATION OR ITS	SAGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
Local 2021		Joseph Br	yant	
		Title: Presi	ident	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
350 Rhode Island Suite 100		(415) 848-36	611	
CA San Francisco 94103-		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	fair labor pract	tices within t	the meaning of section 8(b)
subsection(s) (list $subsections)$ (1)(A)	of the Nati	anal Labor Dal	ations Act o	and those unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices af	fecting commerce within the
	o facto constituting the allogo	d unfair labor n	ractional	
2. Basis of the Charge (set forth a clear and concise statement of the	e lacts constituting the allege	a uniair iador p	racuces)	
See additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
Zuckerberg San Francisco General Hospital		(415) 554-25	00	
5		c. Fax No.		d. e-Mail
				ron.weigelt@sfdph.org
5. Location of plant involved (street, city, state and ZIP code)			6 Employ	ver representative to contact
101 Grove Street			Ron Weig	-
CA San Francisco 94103-			-	Administrator
7. Type of establishment (factory, mine, wholesaler, etc.)	0 Identificania sin al ana duat			er of workers employed
	8. Identify principal product	orservice		or workers employed
Healthcare	Healthcare		5000	
10. Full name of party filing charge		11a Tel No (b) (6), (b) ((7)(C)	b. Cell No.
(b) (6), (b) (7)(C)			. /(-)	(b) (6), (b) (7)(C)
		c. Fax No.		(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				
(b) (6), (b) (7)(C)				
_				
12. DECLARATION 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) (7)(C)
	(b) (6), (b) (7)(C)		^{No} (b) (6),	(b) (7)(C)
(signature of representative or person making charge) (Print/type	name and title or office, if any	/) Fax		
	Title:			
(b) (6), (b) (7)(C)		e-M		
		0 11:06:05	(b) (6	5), (b) (7)(C)
Address	(date) ^{08/28/201}	9 11.00.05		(\mathbf{O})

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.

Basis of the Charge 20-CB-247312 08/28/2019

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			RITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION		Case 20-CB-247547			
AGENTS					
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	e NLRB Regional Di	rector of the region in which	h the alleged unfair labor practice		
	OR ITS AGENTS AGA	INST WHICH CHARGE IS BRO			
a. Name Office and Professional Employees Internatio	b. Union Representative to Contact				
29		Jane Bosio			
c. Address		d. Tel. No.	e.e. Cell No.		
1050 South Van Ness Avenue, Suite 201	(415) 647-7776				
San Francisco CA 94110		f. Fax No.	g. e-Mail		
h. The above-named labor organization or its agents have	engaged in and are	(415) 647-7778 engaging in unfair labor pract	ices within the meaning of section		
8(b), subsection(s) (1)(A) of the National Labor Relation	ns Act, and these unf	air labor practices are unfair p	ractices affecting commerce within		
the meaning of the Act, or are unfair practices affecting 2. Basis of the Charge (set forth a clear and concise stated	commerce within the	e meaning of the Act and the F stituting the alleged unfair labor	Postal Reorganization Act.		
Within the last six months, Local 29 has failed					
my job back and by failing to respond to calls					
arbitrary, or otherwise in bad faith.					
3. Name of Employer		4a. Tel. No.	4b. Cell No.		
Hamilton Families		415 321 2612 4c. Fax No.	4d. e-Mail		
		4C. Fax NO.	40. e-man		
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. Employer representative to contact			
1631 Hayes Street, San Francisco, CA 9411		Monica Harlow			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed		
Residential Transitional Housing Facility	Counseling f	or homeless families	Approx. 50		
10. Full name of party filing charge (b) (6), (b) (7)(C)		(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 7)	IP code)		(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)	(0000)				
	12. DECLARAT	TION			
I declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief.		
			Tel No.		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) Individual	(b) (8), (b) (7)(C)		
By:		mumuuai			
(sig	Print/type nar	me and title or office, if any	^{Ce} (b) (6), (b) (7)(C)		
Address	_	Date:	Fax No.		
(b) (6), (b) (7)(C)					
		8-30-2019	(b) (6) (b) (7)(C)		
			(0)(0),(0)(1)(0)		
LLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE	PUNISHED BY FINI IVACY ACT STATE		6. CODE, TITLE 18, SECTION 1001)		
icitation of the information on this form is authorized by the Nation ist the National Labor Relations Board (NLRB) in processing unfair forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006 RB is voluntary; however, failure to supply the information will cau	al Labor Relations Act r labor practice and rela 5). The NLRB will furth	(NLRA), 29 U.S.C. § 151 et seq. ted proceedings or litigation. The ner explain these uses upon reque	e routine uses for the information are fully		
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		98:01 MA 08:00 8	107		