

FEB-16-2001 18:01

P.02/02

FORM NLRB-1001  
(8-97)

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

DO NOT WRITE IN THIS SPACE  
Case 13-CB-16597-1 Date Filed  
32-CB-5286-1 2-20-01

INSTRUCTIONS: File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged unfair labor practices occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name  
CALIFORNIA NURSES ASSOCIATION

b. Union Representative to contact  
JDM RIDDER

c. Telephone No. (510)275-2200 Fax No. (510)663-1625

d. Address (Street, city, state, and ZIP code)  
2000 FRANKLIN ST STE.300 OAKLAND CA 94621

e. 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.

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

WITHIN THE PAST SIX MONTHS THE ABOVE NAMED LABOR ORGANIZATION HAS FAILED TO FAIRLY REPRESENT GRACE SANTOS BY REFUSING TO ARBITRATE HER GRIEVANCE CONCERNING HER DISCHARGE BY THE BELOW-NAMED EMPLOYER.

COPY SENT NLRB

Date \_\_\_\_\_ By \_\_\_\_\_

3. Name of Employer  
KAISER PERMANENTE

4. Telephone No. (408)848-7039 Fax No.

5. Location of plant involved (street, city, state and ZIP code)  
7570 ARROYO CIRCLE GILROY CA 95020

6. Employer representative to contact  
GUY CHICCONS

7. Type of establishment (factory, mine, wholesaler, etc.)  
HOSPITAL

8. Identify principal product or service  
ACUTE CARE

9. Number of workers employed  
73

10. Full name of party filing charge  
GRACE SANTOS

11. Address of party filing charge (street, city, state and ZIP code.)  
10730 CENTEX AVE GILROY CA 95020

12. Telephone No. (408)848-5528 Fax No.

13. 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.

By Grace Santos GRACE SANTOS AN INDIVIDUAL  
(Signature of representative or person making charge) (Print/Type Name and Title or Office, if any)

10730 CENTEX AVE. (Fax) (408)848-5528 2/16/01  
Address GILROY CA 95020 (Telephone No.) (Date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 32-2001-0357

TOTAL P.02

13-CB-16597-1