

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-10292	7/2/96

**INSTRUCTIONS:**

File an original and 4 copies of this charge and an additional copy for each organization, each local, and each individual named in item 1 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 AGAINST WHICH CHARGE IS BROUGHT

a. Name <p style="text-align: center;">California Nurses Association</p>	b. Union Representative to contact <p style="text-align: center;">Stephanie Brown-Fahm</p>
c. Telephone No. <p style="text-align: center;">(916)446-5021</p>	d. Address (street, city, state and ZIP code) <p style="text-align: center;">1100 Eleventh Street, Suite 200, Sacramento, CA 95814</p>

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), (1)(A) subsection(s) 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)

During the past six months and continuing to date the above named labor organization, its agent and representatives failed to fairly represent Johnnie L. Lett by refusing to arbitrate her grievance.

3. Name of Employer <p style="text-align: center;">Kaiser Foundation Hospital</p>	4. Telephone No. <p style="text-align: center;">(707)648-6000</p>
5. Location of plant involved (street, city, state and ZIP code) <p style="text-align: center;">975 Sereno Avenue, Vallejo, CA 94590</p>	6. Employer representative to contact <p style="text-align: center;">Eleanor Louie</p>
7. Type of establishment (factory, mine, wholesaler, etc.) <p style="text-align: center;">Hospital</p>	8. Identify principal product or service <p style="text-align: center;">Health Care</p>
9. Number of workers employed <p style="text-align: center;">1000</p>	
10. Full name of party filing charge <p style="text-align: center;">Johnnie L. Lett</p>	
11. Address of party filing charge (street, city, state and ZIP code) <p style="text-align: center;">137 Harvest Drive, Vacaville, CA 95687</p>	12. Telephone No. <p style="text-align: center;">(707)448-7851</p>

## 6. 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 <u>Johnnie L. Lett</u> Signature of representative or person making charge	An Individual <small>(Title or office, if any)</small>
Address <u>137 Harvest Drive, Vacaville, CA 95687</u>	(707)448-7851 <small>(Telephone No.)</small>
	<u>6/28/96</u> <small>(Date)</small>

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