

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-10527	5/15/97

INSTRUCTIONS: File an original and 3 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 California Nurses Association	b. Union Representative to contact Suzanna Paradis	
c. Telephone No. (415) 864-4141	d. Address (street, city, state and ZIP code) 1145 Market Street, Suite 1100, San Francisco, CA 94103	
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)		
During the past six month period, the above-mentioned Labor Organization failed in its duty to fairly represent Johnnie L. Lett.		
3. Name of Employer Kaiser Foundation Hospital		4. Telephone No. (707) 648-6000
5. Location of plant involved (street, city, state and ZIP code) 975 Sereno Drive, Vallejo, CA 94590		6. Employer representative to contact Eleanor Louie
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Medical Care	9. Number of workers employed 1000
10. Full name of party filing charge Johnnie L. Lett		
11. Address of party filing charge (street, city, state and ZIP code) 137 Harvest Drive, Vacaville, CA 95687		12. Telephone No. (707) 448-7851
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 <u>Johnnie Lett</u> (signature of representative or person making charge)	An Individual (title or office, if any)	
Address <u>137 Harvest Drive, Vacaville, CA 95687</u>	<u>(707) 448-7851</u> (Telephone No.)	<u>5/9/97</u> (date)