

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-10722	1/20/98

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. Telephone No. 916/446-5021
c. Union Representative to contact Stephanie Brown-Fehm	d. Address (street, city, state and ZIP code) 1100 - 11th Street, No. 200, Sacramento CA 95814	e. FAX No. 916/446-6319
f. 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 most recent six-month period before the filing of this charge, the above-named labor organization has breached its duty to fairly represent me by failing and refusing, for approximately three years and continuing to date, to enforce an arbitration decision against the below-named employer under which I was awarded substantial backpay.

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3. Name of Employer Kaiser Permanente Medical Center		4. Employer representative to contact	
5. Location of plant involved (street, city, state and ZIP code) 6600 Bruceville Road, Sacramento CA 95823		6. Telephone No. 916/688-2000	7. FAX No.
8. Type of establishment (factory, mine, wholesaler, etc.) Health maintenance organization	9. Identify principal product or service Hospital and medical services	10. Number of workers employed Over 100	
11. Full name of party filing charge Camilo C. Casquejo		12. Telephone No. 916/729-5311	
13. Address of party filing charge (street, city, state and ZIP code) 9216 Redwater Drive, Antelope CA 95843		14. FAX No. 916/723-2738	

15. 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>X Camilo C. Casquejo</u> (Signature of representative or person making charge)	An individual (title or office, if any)
Address <u>9216 Redwater Drive, Antelope CA 95843</u>	Telephone No. <u>916/729-5311</u>
	FAX No. <u>916/723-2738</u>
	<u>X January 18, 1998</u> (date)