

FORM NLRB-108
(11-89)

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

DO NOT WRITE IN THIS SPACE	
Case 20-CB-11012	Date Filed 12/29/98

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 Fisher	d. Address (street, city, state and ZIP code) 1100 11th Street, Suite 200, Sacramento, CA 95814	e. FAX No.

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 six months preceding the filing of this charge, the above-named labor organization, by its agents, officers and representatives has failed to fairly represent the Clinic Registered Nurses and breached its duty of fair representation towards them during negotiations with the Employer over a "reduction-in-force."

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3. Name of Employer Kaiser Permanente Medical Group		4. Employer representative to contact Marilyn Manfredi	
5. Location of plant involved (street, city, state and ZIP code) 975 Sereno Drive, Vallejo, CA 94589		6. Telephone No. (707) 651-1300	7. FAX No.
8. Type of establishment (factory, mine, wholesaler, etc.) clinic	9. Identify principal product or service healthcare	10. Number of workers employed 75	
11. Full name of party filing charge Melanie Alvarado		12. Telephone No. (707) 448-6193	
13. Address of party filing charge (street, city, state and ZIP code) 219 Grey Wolf Drive, Vacaville, CA 95688		14. FAX No.	

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 Melanie M. Alvarado (Melanie Alvarado) An Individual
(signature of representative or person making charge) (title or office, if any)

Address 219 Grey Wolf Drive, Vacaville, CA 95688 Telephone No. (707) 448-6193
FAX No. _____ (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT. (U. S. CODE, TITLE 8, SECTION 801)