

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

DO NOT WRITE IN THIS SPACE	
Case 20-CB-11088	Date Filed 3/24/99

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. (510) 273-2200	
c. Union Representative to contact Betty Woods	d. Address (street, city, state and ZIP code) 2000 Franklin Street, Suite 300, Oakland, CA 94612	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) <u>(1)(A)</u> 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)		
<p>The above named labor organization failed and refused to accept the grievance of Renee Lister and of other employees who wished to join in that grievance.</p>		

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3. Name of Employer Kaiser Permanente	4. Employer representative to contact Joseph McGarry	
5. Location of plant involved (street, city, state and ZIP code) 99 Montecillo Road, San Rafael, CA 94903	6. Telephone No. (415) 444-2000	7. FAX No.
8. Type of establishment (factory, mine, wholesaler, etc.) Health Care	9. Identify principal product or service Medical Provider	10. Number of workers employed 1,000
11. Full name of party filing charge Renee Lister	12. Telephone No. (415) 924-5646	
13. Address of party filing charge (street, city, state and ZIP code) 314 Willow Avenue, Corte Madera, CA 94925	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 <u>Renee Lister</u> (signature of representative or person making charge)	(Renee Lister)	An Individual (title or office, if any)
Address <u>314 Willow Avenue, Corte Madera, CA 94925</u>	Telephone No. <u>(415) 924-5646</u>	<u>3/22/99</u> (date)
	FAX No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT. (U. S. CODE, TITLE 8, SECTION 1001) I.O.