

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

DO NOT WRITE IN THIS SPACE

Case 20-CB-12548	Date Filed 1/11/2006
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INSTRUCTIONS: File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for 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 Betty Woods
c. Telephone No. (510)273-2200 Fax No. (510)663-1625	d. Address (Street, city, state, and ZIP code) 2000 Franklin Street Oakland, CA 94612

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.

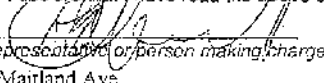
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  
During the past six month period, the above-mentioned Labor Organization failed in its duty to fairly represent Abraham Tesfamicael.

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NLRB  
1/11/2006

3. Name of Employer Kaiser Permanente Medical Center Santa Rosa	4. Telephone No. (707)571-4000 Fax No. ( ) -
5. Location of plant involved (street, city, state and ZIP code) 401 Bicentennial Way Santa Rosa, CA 95402	6. Employer representative to contact Sheryl Gray
7. Type of establishment (factory, mine, wholesaler, etc.) hospital	8. Identify principal product or service
9. Number of workers employed 500+	10. Full name of party filing charge Abraham Tesfamicael
11. Address of party filing charge (street, city, state and ZIP code) 4448 Maitland Ave. Santa Rosa, CA 95407	12. Telephone No. (707)542-2163 Fax No. ( ) -

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  (Abraham Tesfamicael) (signature of representative or person making charge) 4448 Maitland Ave. Santa Rosa, CA 95407	An Individual (Print/Type name and title or office, if any)  (Fax) ( ) - (707)542-2163 (Telephone No.)
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
20-2006-0062