

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

DO NOT WRITE IN THIS SPACE

Case 20-CB-12549	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 Buty 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 Lee Ann White.

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NLRB-DC B-20  
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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 Lee Ann White		
11. Address of party filing charge (street, city, state and ZIP code.) 1657 Wynoochee Way Petaluma, CA 94954		12. Telephone No. (707)789-9545 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 <u>Lee Ann White</u> (signature of representative or person making charge)	(Lee Ann White)	White	An Individual
1657 Wynoochee Way		(Print/type name and title or office, if any)	
Address Petaluma, CA 94954	(Fax) ( ) -	1/11/06	
	(707)789-9545	(date)	
	(Telephone No.)		