

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

DO NOT WRITE IN THIS SPACE	
Case 20-CB-9916	Date Filed 3/16/95

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. Union Representative to contact Corky Anderson
c. Telephone No. (415) 864-4141	d. Address (street, city, state and ZIP code) 1145 Market St., Suite 1100, San Francisco CA 94103	

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 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 declining to pursue to arbitration my grievances against the below-named employer, over two suspensions and my termination, for arbitrary reasons.

3. Name of Employer Kaiser Permanente Medical Center		4. Telephone No. (415) 202-2945
5. Location of plan involved (street and number, city, state, and ZIP code) 2425 Geary Blvd., San Francisco CA 94115		6. Employer representative to contact
7. Type of establishment (factory, mine, wholesaler, etc.) Medical center	8. Identify principal product or service Health care services	9. Number of workers employed About 400

10. Full name of party filing charge Frederick Pagliuca	
11. Address of party filing charge (street, city, state and ZIP code) 140 Juanita Way, San Francisco CA 94127	12. Telephone No. (415) 753-5546

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By Frederick Pagliuca
(signature of representative or person making charge)

An Individual _____
(title or office, if any)

Address 140 Juanita Way, San Francisco CA 94127 (415) 753-5546 3/15/95
(Telephone No.) (date)