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

DO NOT WRITE IN THIS SPACE

Case (C-21-CA-36404) Date Filed  
21-CB-13701 7-1-04

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 Bill Gallagher	
c. Telephone No. (818)637-7127 Fax No. ( ) -	d. Address (Street, city, state, and ZIP code) 425 West Broadway, #111 Glendale CA 91204		

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)  
Within the past six months, the above-named labor organization accepted recognition from the Whittier Hospital Medical Center as the exclusive collective bargaining representative of certain employees of the Employer when the California Nurses Association had not demonstrated that it represented a majority of the employees. Additionally, the above-named labor organization has informed employees that dues will be deducted from their paychecks without having provided the employees with their Beck and General Motor rights.

3. Name of Employer Whittier Hospital Medical Center		4. Telephone No. (562)945-3561	
		Fax No. (562)907-7397	
5. Location of plant involved (street, city, state and ZIP code) 9080 Colima Road Whittier CA 90604		6. Employer representative to contact Jocelyn Herrera Director of Human Resources	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Healthcare		9. Number of workers employed 288

10. Full name of party filing charge Janet Woodward	
11. Address of party filing charge (street, city, state and ZIP code.) 10167 Tigrina Avenue Whittier CA 90603	
12. Telephone No. (562)947-9942 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>Janet Woodward</u> Janet Woodward An Individual (signature of representative or person making charge)	(Print/type name and title or office, if any)
10167 Tigrina Avenue Address Whittier CA 90603	(Fax) ( ) - (562)947-9942 (Telephone No.)
	07/01/2004 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)