

INTERNET
FORM NLRB-504
(6-00)

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

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE	
Case 21-CB-13869	Date Filed 1-31-05

INSTRUCTIONS: File an original and 4 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 <u>CNA</u>	b. Union Representative to contact <u>Diane Hirsck Garcia</u>
c. Telephone No. <u>619-516-4917</u>	d. Address (street, city, state and ZIP code) <u>3160 Camino del Rio S. #305 San Diego, CA 92108</u>
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) _____ 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><i>see attached</i></p>	
3. Name of Employer <u>Scripps Hospital - Encinitas</u>	4. Telephone No. <u>760-753-6501</u>
5. Location of plant involved (street, city, state and ZIP code) <u>354 Santa Fe Dr. Encinitas, CA 92024</u>	6. Employer representative to contact <u>Barbara Mitchell</u>
7. Type of establishment (factory, mine, wholesaler, etc.) <u>Hospital</u>	8. Identify principal product or service <u>Health Care</u>
	9. Number of workers employed <u>800+</u>
10. Full name of party filing charge <u>Tracee Gamboa</u>	
11. Address of party filing charge (street, city, state and ZIP code) <u>2734 Levante St CARLSBAD, CA 92009</u>	12. Telephone No. <u>760-753-1297</u>
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>[Signature]</u> (signature of representative or person making charge)	<u>[Signature]</u> (title or office, if any)
Address: <u>2734 Levante St CARLSBAD CA 92009</u> (Telephone No.) <u>760-753-1297</u>	<u>1-27-05</u> (Date)