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INTERNET  
FORM NLRB-504  
(8-90)

FORM EXEMPT UNDER 44 U.S.C. 3512

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

DO NOT WRITE IN THIS SPACE	
Case 21-CB-13989	Date Filed 8/1/05

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 practices occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name <u>Tracee Gornboe CNA</u>	b. Union Representative to contact
c. Telephone No. <u>510-213-2200</u>	d. Address (street, city, state and ZIP code) <u>2009 Franklin St Oakland, CA 94612</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 those 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)

I received the attached letter to my home. The envelope it came in was white with the gentleman's return address on outside left front cover. It was addressed to me & I received it @ my home. The gentleman, according to his letter, is a former patient at the hospital on which I am employed. I have never given the hospital or CNA my home address to be given to patients.

My privacy has been invaded by this private citizen.

3. Name of Employer <u>Scripps - Encinitas</u>	4. Telephone No. <u>760-633-7718</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>?</u>	
10. Full name of party filing charge <u>Tracee Gornboe</u>	
11. Address of party filing charge (street, city, state and ZIP code) <u>2734 Levante St CARLSBAD, CA</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 [Signature] JRN  
(signature of representative or person making charge) (title or office, if any)

Address 2734 Levante St 760-753-1297 7-28-05  
CARLSBAD, CA (Telephone No.) (date)

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