

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

DO NOT WRITE IN THIS SPACE

Case 31-CB-10710 Date Filed 9/15/00

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 Mike Griffing
c. Telephone No. 510-273-2200	d. Address (Street, city, state, and ZIP code) 2000 Franklin Street, Suite 300 Oakland, CA 94612	
Fax No. 510-663-2761		

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) (3) 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)

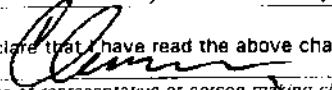
Commencing on or about September 1, 2000, the above-named labor organization refused to bargain with the Charging Party Employer unless a federal mediator is available for and present at such negotiations. The Employer has offered seven (7) dates for negotiations and the Union has refused to meet because of the mediator's unavailability.

3. Name of Employer Good Samaritan Hospital		4. Telephone No. 415-398-8080
		Fax No. 415-398-5584
5. Location of plant involved (street, city, state and ZIP code) 1225 Wilshire Boulevard Los Angeles, CA 90017		6. Employer representative to contact Patrick W. Jordan
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Medical care	9. Number of workers employed 1,500

10. Full name of party filing charge Good Samaritan Hospital	
11. Address of party filing charge (street, city, state and ZIP code.) c/o Jeffer, Mangels, Butler & Marmaro 1 Sansome St., 12th Fl., San Francisco, CA 94104	
12. Telephone No. 415-398-8080	
Fax No. 415-398-5584	

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  **Clarence T. Pollard**
(Signature of representative or person making charge) (Print/type name and title or office, if any)

Jeffer, Mangels, Butler & Marmaro (Fax) **415-398-5584**

Address **1 Sansome St., 12th Fl., San Francisco CA 94104** **415-398-8080** **9/14/00**
(Telephone No.) (date)