

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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
31-CB-11689-001	10/8/04

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 <i>CALIFORNIA NURSES ASSOCIATION</i>	b. Union Representative to contact <i>ROSE ANN DEMERD</i>
c. Telephone No. <i>510-273-2200</i>	d. Address (street, city, state and ZIP code) <i>7000 FRANKLIN ST, OAKLAND CA, 94612</i>
e. The above-named organization(s) or its agent(s) has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) <i>(DIA)</i> 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>ON OR ABOUT 10/6/04 CNA ORGANIZATION DAVID MANKAWA <u>ALONG WITH TWO OTHER ORGANIZATIONS</u> WERE TALKING PHOTOS EVEN AFTER I ASK HIM NOT TO TAKE I FEEL PICTURES OF ME, THIS WAS TO CAUSE ME TO STOP MY PROTECTED RIGHTS TO PASS OUT INFORMATION ABOUT THE TRUTH OF UNIONS AND THE CNA UNION. THIS IS A CLEAR VIOLATION OF MY RIGHTS UNDER SECTION 7 OF THE ACT</i></p>	
3. Name of Employer <i>CEDARS SINAI HOSPITAL</i>	4. Telephone No. <i>310-423-3277</i>
5. Location of plant involved (street, city, state and ZIP code) <i>8700 BEVERLY BLVD, LA, CA 90048</i>	6. Employer representative to contact <i>JONNIE MORIS</i>
7. Type of establishment (factory, mine, wholesaler, etc.) <i>HOSPITAL</i>	8. Identify principal product or service <i>HEALTH CARE</i>
9. Number of workers employed <i>1600</i>	
10. Full name of party filing charge <i>SUZANNE L. GEMMER</i>	
11. Address of party filing charge (street, city, state and ZIP code) <i>250 S. LASKY DR. - BEVERLY HILLS CA, 90212</i>	12. Telephone No. <i>(310) 203-0287</i>
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 <i>SUZANNE L. GEMMER</i> (signature of representative or person making charge)	(title or office, if any)
Address <i>250 S. LASKY DR. BEVERLY HILLS CA 90212</i>	<i>(310) 203-0287</i> (Telephone No.) (date)

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