

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

DO NOT WRITE IN THIS SPACE	
Case 31-CB-11692	Date Filed 10/13/04

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 <u>CNA - NURSES UNION</u>	b. Union Representative to contact <u>Rose Ann Demore</u>
c. Telephone No. <u>510-273-2200</u>	d. Address (street, city, state and ZIP code) <u>200 Franklin St, 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), subaaction(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>On or about October 6th as I was distributing my flyers for my group One Voice - Our Voice, a group of three CNA organizers including David Montauva (lead organizer) were standing close to us when one of the union organizers in a deliberate attempt to intimidate me, started taking photos of me. My coworker told them to stop taking our photos and that they had no right to do that. This resulted in the union organizer taking even more photos in a mocking attitude. This is a clear attempt of harassment and attempt by the CNA to deny me of my protected rights under section seven of the act.</p>	
3. Name of Employer <u>Cedars-Sinai Medical Center</u>	4. Telephone No. <u>(310) 423-5000</u>
5. Location of plant involved (street, city, state and ZIP code) <u>8700 Beverly Blvd Los Angeles, CA 90048</u>	6. Employer representative to contact <u>Jeanne Flores</u>
7. Type of establishment (factory, mine, wholesaler, etc.) <u>Hospital</u>	8. Identify principal product or service <u>Healthcare</u>
9. Number of workers employed <u>1600</u>	
10. Full name of party filing charge <u>Scott Barnes</u>	
11. Address of party filing charge (street, city, state and ZIP code) <u>8581 Santa Monica Blvd # 15 Los Angeles, CA 90069</u>	12. Telephone No. <u>(310) 423-5000</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>Scott Barnes</u> (signature of representative or person making charge)	<u>RN</u> (title or office, if any)
Address _____	<u>10-08-04</u> (date)
	(Telephone No.) _____

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