

FORM NLRB 505  
8-821

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

DO NOT WRITE IN THIS SPACE

Case 32-CB-4910	Date Filed 1/22/98
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INSTRUCTIONS: File an original and 3 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 California Nurses Association	b. Union Representative to contact James Ryder
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c Telephone No. (510) 562-2883	d Address (street, city, state and ZIP code) 8393 Capwell Drive, Suite 200, Oakland, CA 94621
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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) (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 (be specific as to facts, names, addresses, plants involved, dates, places, etc.)

Within the preceding six months, the above-named labor organization, through its agents and representatives, has engaged in a course of bad-faith bargaining by engaging in repeated, intermittent one-day strikes.

3 Name of Employer Kaiser Foundation Hospitals and The Permanente Medical Group	4. Telephone No. (510) 987-1000
5. Location of plant involved (street, city, state and ZIP code) Various throughout Northern California	6. Employer representative to contact Dildar Gill
7. Type of establishment (factory, mine, wholesaler, etc.) Hospitals and Clinics	8. Identify principal product or service Health Care
	9. Number of workers employed 7,500 Nurses
10. Full name of party filing charge Dildar Gill	
11. Address of party filing charge (street, city, state and ZIP code) 1950 Franklin Street, 4th Floor, Oakland, CA 94612	12. Telephone No. (510) 987-4311

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 Dildar Gill Labor Relations Manager  
(signature of representative or person making charge)

Address (as above) (510) 987-4311 (Telephone No.) 1-22-98 (date)

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