

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

DO NOT WRITE IN THESE SPACES

Case
32-CB-5779-1

Date Filed
5-5-2004

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
Jim Ryder

c. Telephone No.
(510)273-2200
Fax No.

d. Address (Street, city, state, and ZIP code)
2000 Franklin St., Suite 300
Oakland CA 94612

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 B(b), subsection(s) (list subsections) (1)(A), and (2) 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)
Within the past six months, the above-named labor organization has obtained recognition from Kaiser Foundation Health Plan and The Permanente Medical Group as the exclusive collective-bargaining representative of the Employer's Chronic Condition Case Managers and required them to become members of the Union as a condition of employment, all at a time when the Union did not represent a majority of these employees.

RECEIVED
MAY 05 11:31 AM '04
OAKLAND, CA
NLRB REGION 32

3. Name of Employer
Kaiser Foundation Health Plan, Inc. and The Permanente Medical Group

4. Telephone No.
Fax No.

5. Location of plant involved (street, city, state and ZIP code)
1950 Franklin St.
Oakland CA 94612

6. Employer representative to contact

7. Type of establishment (factory, mine, wholesaler, etc.)
hospital

8. Identify principal product or service
medical care

9. Number of workers employed
2000+

10. Full name of party filing charge
Deidre Warren

12. Telephone No.
(650)873-1554
Fax No.

11. Address of party filing charge (street, city, state and ZIP code.)
1206 Helen Drive
Millbrae CA 94030

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, an individual
By Deidre Warren Deidre Warren (Print/type name and title or office, if any)
(Signature of representative or person making charge)
1206 Helen Drive (Fax)
Address Millbrae CA 94030 (650)873-1554 5-05-04
(Telephone No.) (date)

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