

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

DO NOT WRITE IN THIS SPACE	
Case 32-CB-5785-1	Date Filed 5-14-2004

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 Joe Lindsey, Nurse Representative	
c. Telephone No. (510) 273-2200	2000 Franklin Street, 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 8(b), subsection(s) (list subsections) <u>(1)(A)</u> 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>Within the last 6 months, the above-listed labor organization, its agents and representatives breached the duty of fair representation owed to represented employees employed by Friendly Transportation/Fair Transportation Division, by conducting an internal election concerning whether or not to increase union dues in a manner that would tend to ensure that a dues increase would be approved, by unlawfully modifying the manner in which it collects dues and by devoting most of its increased dues revenue to staff salary increases.</p>		
3. Name of Employer Alta Bates Summit Hospital & Medical Center		4. Telephone No. (510) 655-4000
5. Location of plant involved (street, city, state and ZIP code) 350 Hawthorne Avenue, Oakland, CA 94610		6. Employer representative to contact Director of Human Resources
7. Type of establishment (factory, mine, wholesaler, etc.) hospital and medical center	8. Identify principal product or service medical care	9. Number of workers employed About 500 in Unit
10. Full name of party filing charge Victoria Yang		
11. Address of party filing charge (street, city, state and ZIP code) 125 Marlow Drive Oakland, CA 94605		12. Telephone No. (510) 635-9723
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 <input checked="" type="checkbox"/> <u>Victoria Yang</u> (Victoria Yang) (signature of representative or person making charge)	An Individual (title or office, if any)	
Address <u>125 Marlow Drive Oakland, CA 94605</u>	<u>(510) 635-9723</u> (Telephone No.)	<u>X May 11, 2004</u> (date)

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

COPY SENT NLRB

Date _____ By _____