

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

DO NOT WRITE IN THIS SPACE	
Case 32-CB-5851-1	Date Filed / 9-14-2004

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 Dave Michael	
c. Telephone No. (408)920-0290 Fax No. (510)663-5712	d. Address (Street, city, state, and ZIP code) 2000 Franklin Street Oakland Suite 300 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) (1)(A) 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 failed and refused to process the grievance of Leela Chacko for arbitrary, invidious and/or discriminatory reasons.

2004 SEP 14 PM 12:36
OAKLAND, CA

2004 SEP 15 AM 12:19
OAKLAND, CA

COPY SENT NLRB

Date _____ By _____

3. Name of Employer Kaiser Permanente		4. Telephone No. (408)972-7603
5. Location of plant involved (street, city, state and ZIP code) 250 Hospital Parkway San Jose CA 95119		Fax No. () -
6. Employer representative to contact Julie Reed	7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Medical
9. Number of workers employed about 100		10. Full name of party filing charge Leela Chacko
11. Address of party filing charge (street, city, state and ZIP code.) 399 Brooknere Drive San Jose CA 95123		12. Telephone No. (408)363-8187 Fax No. () -

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 Leela Chacko Leela Chacko
(signature of representative of person making charge)
399 Brooknere Drive
Address San Jose CA 95123

An Individual
(Print type name and title or office, if any)

(Fax) () -
(408)363-8187
(Telephone No.)
09/13/04
(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
32-2004-1531