

FORM NLRB-508 8-831	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	DO NOT WRITE IN THIS SPACE
		Case <u>32-CG-42</u> Date Filed <u>4-15-97</u>

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 <u>California Nurses Association</u>	b. Union Representative to contact <u>Dave Elliott</u>
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c. Telephone No. <u>(510) 562-2883</u>	d. Address (street, city, state and ZIP code) <u>8393 Capwell Drive, Suite 200, Oakland, CA 94621</u>
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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) - 8(g) 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.)

On March 27, 1997, CNA picketed at the Employer's premises located at Newell Avenue and S. Main Street in Walnut Creek, California, without providing the notice required by Section 8(g) of the Act.

3. Name of Employer <u>Kaiser Foundation Hospitals and The Permanente Medical Grp.</u>	4. Telephone No. <u>(510) 271-2638</u>
5. Location of plant involved (street, city, state and ZIP code) <u>1425 S. Main Street, Walnut Creek, California 94596</u>	6. Employer representative to contact <u>Daniel R. Fritz, Counsel</u>
7. Type of establishment (factory, mine, wholesaler, etc.) <u>Hospital and Medical Offices</u>	8. Identify principal product or service <u>Health Care</u>
9. Number of workers employed _____	

10. Full name of party filing charge <u>Kaiser Foundation Hospitals and The Permanente Medical Group, Inc.</u>	
11. Address of party filing charge (street, city, state and ZIP code) <u>1950 Franklin Street, Oakland, California 94612</u>	12. Telephone No. <u>(510) 271-2638</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 Daniel R. Fritz Counsel
(signature of representative of person making charge) (title or office, if any)

Address Kaiser Foundation Health Plan, Inc. (510) 271-2638 4/14/97
One Kaiser Plaza, Oakland, CA 94612 (Telephone No.) (date)

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