

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET
FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 19-CA-31628	Date Filed 11/21/08

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Industrial Technical Professional Employees Union Local 4873		b. Tel. No. 253-474-2163
		c. Cell No.
		f. Fax No. 253-474-6321
d. Address (Street, city, state, and ZIP code) 2607 Bridgeport Way West Suite 2J2		e. Employer Representative Trina Campbell c/o John Conley
		g. e-Mail
		h. Number of workers employed +15
i. Type of Establishment (factory, mine, wholesaler, etc.) Labor Union	j. Identify principal product or service Representation	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization 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 mentioned Employer interfered with the Section 7 rights of the Charging Party by not letting her contact her bargaining representative, and discriminated against her for Union activity (for trying to contact her bargaining representative).

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Gina Gann

4a. Address (Street and number, city, state, and ZIP code) 1229 East 71st Street Tacoma, WA 98404		4b. Tel. No. 253-304-5031
		4c. Cell No.
		4d. Fax No.
		4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. 253-304-5031
By: <u>Gina Gann</u> (Signature of representative or person making charge)	Gina Gann (Print/type name and title or office, if any)	Office, if any, Cell No.
		Fax No.
		e-Mail
Address 1229 East 71st Street, Tacoma WA 98404 (date)		

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

TOTAL P. 02