FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is occurring	g.		
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT			
a. Name of Employer Prime Healthcare Services d/b/a St. Francis Medica	b. Tel. No. 310-900-8453			
	c. Cell No.			
d. Address (Street, city, state, and ZIP code)	f. Fax. No. 310-900-7322			
3630 East Imperial Highway Lynwood, CA 90262	e. Employer Representative Barbara DeGiuseppe, Human Resources Director, bdegiuseppe@primehealthcare.com	g. e-mail		
	Rich Martwick, Associate General Counsel, rmartwick@primehealthcare.com	h. Number of workers employed Approx. 560 in bargaining unit		
i. Type of Establishment (factory, mine, wholesaler, etc.) Health Care Provider	j. Identify principal product or service Health Care			
The above-named employer has engaged in and is engage	jing in unfair labor practices within the meaning of section 8	3(a), subsections (1) and		
(list subsections) (3)	(list subsections) (3) of the National Labor Relations Act, and these unfair labor			
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are practice	es affecting commerce within the		
meaning of the Act and the Postal Reorganization Act.				
employees in the exercise of their rights under Sec terms and conditions of employment to discourage Nurses Association member James Blankenship in	its managers, supervisors, and agents, has interfere tion 7 of the National Labor Relations Act and/or distribution in a labor organization by pretextually retaliation for engaging in protected concerted active to the egregiousness of the Employer's conduct, Change and the Change of the Employer's conduct, Change of the Employer's change of the Employer's conduct, Change of the Employer's change of	iscriminated in regard to tenure and reminating St. Francis Registered vity and union activity at Prime		
3. Full name of party filing charge (if labor organization, gi United Nurses Associations of California/Union of	ive full name, including local name and number) Health Care Professionals, NUHHCE, AFSCME, A	AFL-CIO		
4a. Address (Street and number, city, state, and ZIP code) 955 Overland Ct., Suite 150		4b. Tel. No. 909-288-2729		
San Dimas, CA 91773-1718		4c. Cell No.		
		4d. Fax No. 909-599-8655		
		de. e-mail legal@unacuhcp.org		
5. Full name of national or international labor organization National Union of Hospital and Health Care Emplo	of which it is an affiliate or constituent unit (to be filled in who byees, AFSCME, AFL-CIO	nen 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. 909-288-2729 and 909-407-2117		
By Lopey	Bryan Lopez and Jun Lim, Legal Counsel	Office, if any, Cell No.		
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. 909-599-8655		
Address 955 Overland Ct., Ste. 150, San Dimas, C	e-mail bryan.lopez@unacuhcp.org; jun.lim@unacuhcp.org			

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 may cause the NLRB to decline to invoke its processes.