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.			
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Prime Healthcare Services d/b/a St. Francis Medical Center		b. Tel. No. 310-900-8453	
		c. Cell No.	
		f. Fax. No. 310-900-7322	
d. Address (Street, city, state, and ZIP code) 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 engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and			
(list subsections) (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 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 state	ment of the facts constituting the alleged unfair labor pract.	ices)	
employees in the exercise of their rights under Sec terms and conditions of employment to discourage Nurses Association President Scott Byington in ref	its managers, supervisors, and agents, has interferention 7 of the National Labor Relations Act and/or distribution and the membership in a labor organization by pretextually taliation for engaging in protected concerted activity to the egregiousness of the Employer's conduct, Charles	scriminated in regard to tenure and reminating St. Francis Registered and union activity at Prime	
3. Full name of party filing charge (if labor organization, gunted 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 San Dimas, CA 91773-1718	9)	4b. Tel. No. 909-288-2729	
San Dillias, CA 91//3-1/16		4c. Cell No.	
		4d. Fax No. 909-599-8655	
		4e. 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 by ees, AFSCME, AFL-CIO	hen charge is filed by a labor organization)	
6. DECLARATION I declare that I have read the above charge and that the statements		Tel. No. 909-288-2729 and 909-407-2117	
are true to the best of m	y knowledge and belief. 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	<u>PA 91773</u> Date <u>December 20, 2023</u>	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.