

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. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer  Jersey Shore University Medical Center/Hackensack Meridian Health	b. Tel. No. (732) 775-5500		
c. Cell No.			
d. Address (Street, city, state, and ZIP code)  1945 Route 33 NJ Neptune 07753-_____		e. Employer Representative  Victoria Rivera Cruz Senior Manager Labor Relations	f. Fax No.
i. Type of Establishment(factory, mine, wholesaler, etc.) Healthcare Facilities	g. e-Mail Victoria.RiveraCruz@hackensackmeridian.org		
h. Number of workers employed 1000			
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 (list subsections) 3, 5 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)

--See additional page--

3. Full name of party filing charge (if labor organization, give full name, including local name and number)  Carlton Levine Health Professionals and Allied Employees			
4a. Address (Street and number, city, state, and ZIP code)  110 Kinderkamack Road NJ Emerson 07630-_____		4b. Tel. No. (201) 262-5005	4c. Cell No. _____
		4d. Fax No.	4e. e-Mail clevine@hpaes.org
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) AFT/AFL-CIO			
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.  By _____ (signature of representative or person making charge)		Tel. No. _____	Office, if any, Cell No. _____
Carlton Levine Title: Staff Representative (Print/type name and title or office, if any)		Fax No.	e-Mail clevine@hpaes.org
110 Kinderkamack Road Address Emerson NJ 07630-		04/7/2020 10:00:19 (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.

