Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

19-CA-195788 3-29-2017

l.	EMPLOYER AGAINST WHOM CHARGE IS BROU	UNI
a. Name of Employer Pacific Maritime Association		b. Tel. No. (206)298-3434
		c. Cell No.
d. Address (street, city, state ZIP code) 301 Pacific Maritime Association	e. Employer Representative Doug Sterns	f. Fax No. (206)298-3469
		g. e-Mail
		h. Dispute Location (City and State) Seattle, WA
 Type of Establishment (factory, nursing home, hotel) 	J. Principal Product or Service	k. Number of workers at dispute location
Port of Seattle	Stevedoring Employer Association	200+
Relations Act, and these unfair labor practices are unfair practices affecting commerce within the me:	I is engaging in unfair labor practices within the mea practices affecting commerce within the meaning of aning of the Act and the Postal Reorganization Act.	of the Act, or these unfair labor practices are
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		
rights protected by Section 7 of the Act to procedure under the collective-bargaining person working under the contract, and a method is sought.	yer has interfered with, restrained, and copy maintaining an unlawful contractual programment is the exclusive remedy for requires the grievance procedure be exhaust	ovision that states that the grievance a dispute between the Union and any austed before any other remedial
JIM TESSIER	ation, give full name, including local name and num	
4a. Address (street and number, city, state, and ZIP code) 2265 74TH AVENUE SE, MERCER ISLAND, WA 98040		4b. Tel. No. (206)351-2742
		4c. Cell No.
		AL CONTRACTOR
		4d. Fax No. (206)257-4057
		4e. e-Mail
		laborrelations@corncast.net
 Full name of national or international labor organization) 	nization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor
wgarnzanori)		
DECLARATION I declare that I have read the above charge and that the statements are true to the best of		Tel. No.
i deciare that I have food the above charge and that the statements are true to the best of my knowledge and belief.		(206)351-2742
		Office, if any, Cell No.
By: 0 m 1 e-	JIM TESSIER LABOR	
(signature of representative or person making of	CONSULTANT herge) Print Name and Title.	Fax No.
		(206)257-4057
Address: 2265 74TH AVENUE SE, MER ISLAND, WA 98040	RCER Date: 3/29/17	e-Mall laborrelations@comcast.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE FUNISHED 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 mutine 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.