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	
20-CA-327885	10/11/2023	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is occu	ırring.
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Sutter Center for Psychiatry		b. Tel. No. (916) 386-3000
		c. Cell No.
		f. Fax. No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
7700 Folsom Blvd.	Melissa Pytel	g. e-mail
Sacramento, CA 95826	Workforce and Labor Relations Managing Consultant	melissa.pytel@sutterhealth.org
		h. Number of workers employed 132
i. Type of Establishment (factory, mine, wholesaler, etc.) Psychiatric Hospital	j. Identify principal product or service Psychiatric Services	- Y
The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning of sect	ion 8(a), subsections (1) and
(list subsections) $8(a)(3)$ and $8(a)(5)$ of the National Labor Relations Act, and these unfair labor		
practices are practices affecting commerce within the me	aning of the Act, or these unfair labor practices are pra-	ctices 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	ement of the facts constituting the alleged unfair labor p	ractices)
Within the last six months and continuing to date, employees in the exercise of the rights guaranteed changes to the terms and conditions of employment denying represented employees annual cost of living	in Section 7 of the Act, by conduct including but of represented employees and/or discriminating	t not limited to making unilateral
3. Full name of party filing charge (if labor organization, g National Union of Healthcare Workers (NUHW)	ive full name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code 1250 45th Street, Suite 200	9)	4b. Tel. No. (510) 834-2009
Emeryville, CA 94608	* *,	4c. Cell No.
- v		
· · · · · · · · · · · · · · · · · · ·		4d. Fax No.
		(510) 834-2019
•		4e. e-mail ayahya@nuhw.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)
N/A		
I declare that I have read the abo	ARATION ve charge and that the statements	Tel. No. (510) 452-5000
are true to the best of n	ny knowledge and belief. Latika Malkani, Counsel for NUHW	Office, if any, Cell No.
(signature of representative of person meking charge)	(Print/type name and title or office, if any)	Fax No. (510) 452-5004
Siegel LeWitter Malkani		e-mail
Address 1939 Harrison Street, Suite 307, Oakland	, CA 94612 Date Oct 11, 2023	lmalkani@sl-employmentlaw.com

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.