INTERNET FORM NLRB-501 (2-08) ANENDED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

p. 40.000 de	
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
31-CA-107321	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the	e alleged unfair labor practice occurred or is occurri SAINST WHOM CHARGE IS BROUGHT	ng.	
a. Name of Employer	SAINST WITOM CHARGE IS BROUGHT	b. Tel. No. 909-464-8600	
Veritas Health Services Inc. d/b/a Chino Valley Medical Center		303-404-0000	
·		c. Cell No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. 909-464-8882	
5451 Walnut Avenue	Doreen Dann, Chief Nursing Officer	g. e-Mail	
Chino, CA 91710		ddann@primehealthcare.com	
		h. Number of workers employed appx 135 (in unit)	
i. Type of Establishment (factory, mine, wholesaler, etc.) Community Hospital	j. Identify principal product or service Health Care		
 k. The above-named employer has engaged in and is engaging in subsections) (5) and 8(d) 			
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization A	g of the Act, or these unfair labor practices are un	or Relations Act, and these unfair labor lfair practices affecting commerce	
Basis of the Charge (set forth a clear and concise statement of the charge)	of the facts constituting the alleged unfair labor or	ractices)	
Within the past six months, the Employer, through it and coerced employees in the exercise of their right among other acts, failing to bargain in good faith; fair remaining terms of agreement reached by the partie	s under Section 7 of the National Labo iling and/or refusing to execute a writte	r Relations Act ("NLRA") by, n contract incorporating the three	
reaching agreement on all outstanding terms of a configuration practices have occurred and during the certification 31-CA-091701. By these and other similar acts, the Sections 8(a)(1), (a)(5), and (d) of the NLRA.	ollective-bargaining agreement where s year extension relating to the Board se	erious unremedied unfair labor ttlement agreement in Case No.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) United Nurses Associations of California/Union of Health Care Professionals, NUHHCE, AFSCME, AFL-CIO			
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 909-599-8622	
955 Overland Court, Suite #150 San Dimas, CA 91773-1718		4c. Cell No.	
		^{4d. Fax No.} 909-599-8655	
		4e. e-Mail	
5. Full name of national or international labor organization of white organization)		in when charge is filed by a labor	
National Union of Hospital and Health Ca	are Employees, AFSCME, AFL-CIO		
6. DECLARATION I declare that I have read the above charge and that the statements a	re true to the best of my knowledge and belief.	Tel. No. 909-599-8622	
By Lisa E	Demidovich, In-House Attorney	Office, if any, Cell No.	
(signature of representative or person making charge) (P.	rint/type name and title or office, if any)	Fax No. 909-599-8655	
955 Overland Ct. #150, San Dimas, CA 91773	6/10/2012	e-Mail Lisa@unac-ca.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 will cause the NLRB to decline to invoke its processes

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 years and not a party to the within action; my business address is 955 Overland Court, Suite 150, San Dimas, California 91773-1718

On June 19, 2013, I served the foregoing document described as **AMENDED CHARGE AGAINST EMPLOYER** on the interested parties in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Mary K. Schottmiller Assistant General Counsel Prime Healthcare Management, Inc. 3300 E. Guasti Road, Third Floor Ontario, CA 91761

(By UPS Next Day Air)

Doreen Dann, Chief Nursing Officer Chino Valley Medical Center 5451 Walnut Avenue Chino, CA 91710

X	I caused such envelope to be picked up at my business address, located at 955 Overland Court, Suite 150, San Dimas, CA 91773 by a UPS driver at a scheduled time which is 5:00 p.m . United Parcel Service guarantees delivery of packages, as addressed above, by 10:30 a.m. the following business day. Executed on June 19, 2013.
	(By Mail) I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice I place all envelopes to be mailed in a location in my office specifically designated for mail. The mail then would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at San Dimas, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing affidavit. Executed on June 19, 2013.
X	(State Court) I declare under penalty of perjury under the laws of the State of California that the
	above is true and correct. Rosa Roduyes
	ROSA RODRIGŮEZ