

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
**CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS**

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. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT			
a. Name International Brotherhood of Teamsters Local 332		b. Union Representative to contact Mark Barnhart	
c. Address (Street, city, state, and ZIP code) 1502 South Dort Highway Flint, MI 48503		d. Tel. No. 810-767-7330	e. Cell No. -
		f. Fax No. -	
		g. e-mail mark@teamsters332.com	
h. The above-named labor organization has engaged in and is engaging in unfair labor practices within the meaning of section 8(b) and (list subsections) (1)(A) 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. 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 statement of the facts constituting the alleged unfair labor practices) A Union representative threatened the Charging Party with termination of her employment if she refused to complete and submit a dues check-off authorization by July 12th.			
3. Name of Employer Ascension Genesys Hospital		4a. Tel. No. (810) 606-5000	b. Cell No. -
		c. Fax No. -	
		d. e-mail -	
5. Location of plant involved (street, city, state and ZIP code) 1 Genesys Pkwy Grand Blanc Twp, MI 48439		6. Employer representative to contact Michelle H. Kohler	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Medical Services		9. Number of workers employed 700
10. Full name of party filing charge Madrina Wells			
11. Address of party filing charge (street, city, state and ZIP code) [REDACTED]		11a. Tel. No. [REDACTED]	b. Cell No. -
		c. Fax No. -	
		d. e-mail [REDACTED]	
12. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  (signature of representative or person making charge)		Byron Andrus, Esq. (Print/type name and title or office, if any)	
National Right to Work Legal Defense Foundation Address 8001 Braddock Rd. Springfield, VA 22160		Tel. No. (703) 770-3377	
		Cell No. -	
		Fax No. -	
		e-mail bsa@nrtw.org	
Date 7/11/2024			

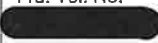
**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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.

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2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) A Union representative threatened Charging Party and similarly situated employees with termination of their employment if they refused to complete and submit a dues check-off authorization by July 12th.			
3. Name of Employer Ascension Genesys Hospital		4a. Tel. No. 810-606-5000	b. Cell No. -
		c. Fax No. -	
		d. e-mail cara.shcahan@ascension.org	
5. Location of plant involved (street, city, state and ZIP code) 1 Genesys Pkwy Grand Blanc Twp, MI 48439		6. Employer representative to contact Michelle H. Kohler	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Medical Services	9. Number of workers employed 700	
10. Full name of party filing charge Lynette Doyle			
11. Address of party filing charge (street, city, state and ZIP code) 		11a. Tel. No. 	b. Cell No. -
		c. Fax No. -	
		d. e-mail 	
12. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  (signature of representative or person making charge)		Byron Andrus, Counsel for Petitioner (Print/type name and title or office, if any)	
National Right to Work Legal Defense Foundation Address 8001 Braddock Rd. Springfield, VA 22160		Tel. No. 703-770-3377	
Date 7/12/2024		Cell No. -	
		Fax No. -	
		e-mail bsa@nrtw.org	

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