## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

DO NOT WRITE IN THIS SPACE	
05-CB-302807	Date Filed 09/06/2022

OR ITS AGENTS 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 b. Union Representative to contact National Association of Letter Carriers Keith hooks, President Branch 142 c. Address (Street, city, state, and ZIP code) d. Tel. No. e. Cell No. 6310 Chillum Place 202 291 4930 Washington, DC 20011 f. Fax. No. g. e-mail KHooks@branch142.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) Fail to comply with request for information of the National Labor Reliations 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. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The NALC Branch 142 has failed and refused to provide relevant and necessry requested information. An email was also sent for the request for the information. 3. Name of Employer 4a. Tel. No. b. Cell No. c. Fax No. N/A d. e-mail Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 9134 Piscataway Road Clinton, Maryland 20735 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Post Office Postal products 55 10. Full name of party filing charge 11. Address of party filing charge (street, city, state and ZIP code) 11a. Tel. No. b. Cell No. c. Fax No. ti. e-mail 12. DECLARATION Tel. No. I declare that I have read the above charge and that the statements of my knowledge and belief. Cell No. (signature of representative or person making charge) (Print/type name and fittle or office, if any) Fax No. Date 09/05/2022 Address e-mail

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 of 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.