Print Form

State of California **Agricultural Labor Relations Board**

Charge Against Employer

Instructions: File an original and 2 copies of this charge with the ALRB regional director or sub-regional director for the region or sub-region in which the alleged unfair labor practice occurred or is occurring. However, if you elect the option to have the regional director serve the charge on the charged party, file an additional copy of the charge for each organization, each local, and each individual named in Item 1 below. The charge must be accompanied by declarations as provided in regulation 20213. There is no obligation to serve the declaration on the charged party.

Do not write in this space									
Case No.									
Date Filed:									
,									

Check	one:												
☐ I will serve the charge on the charged party.													
☐ I request that the regional director serve the charge on the charged party.													
Name of Employer Against Whom Charge is Brought													
Name													
Address(es) of Employer's Operation(s) Involved (street and number, city, state, and zip code)													
Addr	16 W. GABILAN STREET				Addr	2410 W. MAIN STREET							
City	SALII	7: 00004					City	SANTA MARIA State CA Zip 934				Zip 9345	58
Employer Representative to Contact													
Name		Paul W. Moncrief - A	Agent fo	r Serv	ice of Pr	rocess							
Phone	[Fax						
Email	[
Basis of the Charge (be specific as to facts, names, addresses, locations involved, dates, places, etc.)													
Charge I	Basis	supervisors and for #1 and #16 when it	epersons s agents the fields	s, inter termin	fered with ated thei changed	h, coerd ir emplo their wo	ed, threa yment, th ork assign	itened a nreaten nments	LLC, through its agents and retaliated against a ed to call immigration on May 6 and continue to the piece rate and	agricultu officials, iing, bec	called ause th	law	ICITICO

Name

the local name and number)

Central Coast United for a Sustainable Economy (CAUSE)

Name of Party Filing Charge (if labor organization, give full name of the National or International organization and

Declaration

I declare under penalty of perjury that I have read the above charge and that the statements herein are true to the best of my knowledge and belief.

By: Date: 5 8 2020

Name Zulema Aleman

Title Organizer

Addr 120 E. Jones Street, #120

Phone 805-310-4165

Fax

State CA Zip 93454

Email

City

Zulema@causenow.org

Santa Maria