

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER**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. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer

American Medical Response

b. Tel. No.

c. Cell No.

f. Fax No.

d. Address (Street, city, state, and ZIP code)

13075 Gateway Drive, Suite 100  
Seattle, WA 98168

e. Employer Representative

Dave Banelli

g. e-Mail

h. Number of workers employed

i. Type of Establishment (factory, mine, wholesaler, etc.)

ambulance service

j. Identify principal product or service

ambulance service

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 2 and 5 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 unfair 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)**

Employer American Medical Response ("AMR") has refused to recognize the Washington State Nurses Association ("WSNA") as the bargaining agent for all of the employees in the bargaining unit. AMR has refused to provide information requested by WSNA as needed for either collective bargaining or representing WSNA's positions pursuant to the collective bargaining agreement between the parties.

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**

Washington State Nurses Association

4a. Address (Street and number, city, state, and ZIP code)

575 Andover Park W., Suite 101  
Seattle, WA 98188

4b. Tel. No. 206-575-7979 x3029

4c. Cell No. 206-455-0681

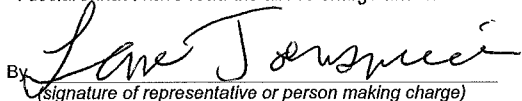
4d. Fax No. 206-575-1908

4e. e-Mail

lane@wsna.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) American Federation of Teachers****6. DECLARATION**

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



By (Signature of representative or person making charge)

Lane Toensmeier, WSNA Attorney

(Print/type name and title or office, if any)

Tel. No.

206-575-7979 x3029

Office, if any, Cell No.  
206-455-0681

Fax No. 206-575-1908

e-Mail

lane@wsna.org

Address 575 Andover Park W. Ste. 101 Seattle 98188 9/12/2017  
98188 (date)**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.