


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 MultiCare Good Samaritan Hospital	b. Tel. No.
	c. Cell No. (425) 326-8742
d. Address (Street, city, state, and ZIP code) 401 15th Ave SE, Puyallup, WA 98372	f. Fax No.
	e. Employer Representative Jason Beauchene, Labor Relations Manager
	g. e-mail Jason.Beauchene@multicare.org
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare facility	h. Number of workers employed Approx. 1,021
	j. Identify principal product or service Healthcare services
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) 8(a)(1) 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.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the last six months, on May 27, 2026, the Employer required nurses, WSNA members, to remove WSNA apparel and insignias before entering public areas of the hospital. The Employer denied these WSNA members access to public areas until they removed the Union apparel and insignias. On this same date, the Employer also denied access to public areas of the Hospital for members of the public in WSNA apparel or wearing WSNA insignias. These public areas were otherwise accessible to other members of the public or employees who were not wearing Union apparel or insignias.	
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 West #101 Seattle, WA 98188	4b. Tel. No. (206) 575-7979
	4c. Cell No.
	4d. Fax No. (206) 575-1908
	4e. e-mail jdefilippis@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.	
 _____ (signature of representative or person making charge)	Tel. No. 206-970-0859
	Office, if any, Cell No.
Address 575 Andover Park West #101, Seattle, WA 98188	Fax No. (206) 575-1908
	e-mail jdefilippis@wsna.org
Date 6/1/26	
_____ (Print/type name and title or office, if any)	

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, [89 FR 24869 \(April 9, 2024\)](#). 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.