

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 Seattle Children's Hospital	b. Tel. No. (310) 907-1066
	c. Cell No.
	f. Fax. No. (310) 907-1001
d. Address (<i>Street, city, state, and ZIP code</i>) Seattle Children's Hospital P.O. Box 5371 Seattle, WA 98145	e. Employer Representative Christopher Longhurst, MD Chief Executive Officer
i. Type of Establishment (<i>factory, mine, wholesaler, etc.</i>) Hospital	j. Identify principal product or service Health care 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 (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 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 past six months the Employer has violated the Act by threatening workers with reprisals in retaliation for protected, concerted activities and engaging in bad faith bargaining by taking regressive bargaining positions.

3. Full name of party filing charge (<i>if labor organization, give full name, including local name and number</i>) Washington State Nurses Association
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4a. Address (<i>Street and number, city, state, and ZIP code</i>) 575 Andover Park West, Suite 101 Seattle, WA 98188	4b. Tel. No. (206) 575-7979
	4c. Cell No.
	4d. Fax No. (206) 575-1908
	4e. e-mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (<i>to be filled in when charge is filed by a labor organization</i>) 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)

Marina Multhaup, Attorney

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

Barnard Iglitzin & Lavitt LLP
18 West Mercer St., Ste. 400
Address Seattle, WA 98119

Date 1/9/2026

Tel. No.
(206) 257-6001

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Fax No.

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multhaup@workerlaw.com

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.