

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 Sonoma Valley Museum of Art		b. Tel. No. (707) 939-7862	
		c. Cell No.	
		f. Fax No.	
d. Address (Street, city, state, and ZIP code) 551 N. Broadway Sonoma, CA 95476		e. Employer Representative Linda Keaton Executive Director	
		h. Number of workers employed 25	
i. Type of Establishment (factory, mine, wholesaler, etc.) Museum		j. Identify principal product or service Education and Entertainment	
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) (3) 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 (6) months the above-named Employer retaliated against its Teaching Artists and/or unilaterally implemented a change in status quo by delaying the distribution of spring semester teaching assignments and curtailing the duration of spring semester teaching assignments.			
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Cultural Workers United - AFSCME Council 57			
4a. Address (Street and number, city, state, and ZIP code) 890 Swan Way Oakland, CA 94621		4b. Tel. No. (650) 341-1700	
		4c. Cell No. (510) 220-7992	
		4d. Fax No.	
		4e. e-mail ashley.mates@ca.afscme57.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) AFSCME, AFL-CIO			
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. (510) 625-9700 Office, if any, Cell No. (510) 520-7377 Fax No. (510) 625-8275 e-mail abaker@beesontayer.com	
_____ Andrew H. Baker, Attorney (Print/type name and title or office, if any)			
Beeson, Tayer & Bodine, 492 Ninth St., Ste. 350 Address Oakland, CA 94607		Date 2/17/2023	

**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.