FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date F ed	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.				
	OYER AGAINST WHOM CHARGE IS BROUGHT			
a. Name of Emp oyer	b. Te . No.			
Trinity Ann Arbor Outpatient Labs				
		c. Ce No.		
		f. Fax. No.		
d. Address (Street, city, state, and ZIP code)	e. Emp oyer Representat ve			
5333 McAuley Dr.		g. e-ma		
Ypsilanti, MI 48197				
		h. Number of workers emp oyed		
		70		
. Type of Estab shment (factory, mine, wholesaler, etc.)	j. Ident fy pr nc pa product or serv ce	•		
Healthcare Lab	Healthcare Laboratory Services			
The above-named employer has engaged in and is engage	ging in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and		
(list subsections) (3) 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.				
Bas s of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair labor	r practices)		
The employer has been engaging in conduct in violation of the NLRA. In the Past two weeks, the Employer has engaged in surveillance				
activity, and intimidation of employees because of				
and property, without permission from the employe				
	, 5 1			
3. Fu name of party f ng charge (if labor organization, ga SEIU Healthcare Michigan	ive full name, including local name and number)			
4a. Address (Street and number, city, state, and ZIP code	4b. Te . No.			
3031 W. Grand Blvd				
Detroit, MI 48204	4c. Ce No.			
		4d. Fax No.		
		-44. I dx 140.		
		40.0 mg		
		4e. e-ma .org		
5 F				
5. Fu name of nat ona or nternat ona abor organ zat on	norwhich is an air ate or constituent unit (to be tille	ed in when charge is filed by a labor organization)		
Service Employees International Union				
6. DECLARATION Te . No.				
I declare that I have read the above				
are true to the best of my knowledge and belief. Akeem Pack Akeem Pack, Attorney		Office, fany, Ce No.		
	ARCOIN I dek, Audiney			
(signature of representative or person making charge)	(Print/type name and title or office if any)	Fax No.		
3031 W. Grand Blvd. Detroit, MI 48204	March 9, 2023	e-ma		
Address	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 may cause the NLRB to decline to invoke its processes