

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST LABOR ORGANIZATION  
OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Case \_\_\_\_\_ Date Filed **10/16/08**

**25-CB-9232**

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name <del>UFCW 900</del> <b>UFCW 900</b>		b. Union Representative to contact	
c. Address (Street, city, state, and ZIP code) <b>5638 Professional Circle Indianapolis, IN 46241</b>		d. Tel. No.	e. Cell No.
		f. Fax No.	g. e-Mail

h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) of the National Labor Relations Act, and these unfair labor practices are unfair 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)  
**Told to sign card in order to avoid a \$120 fee, keep my job and keep insurance.  
We were not able to vote yes or no for the union many employees did not understand the process and just signed to avoid the fee.**

3. Name of Employer <b>Scott's Food Kroger Co.</b>		4a. Tel. No.	b. Cell No.
		c. Fax No.	d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) <b>3109 N. Anthony Blvd</b>		6. Employer representative to contact	
7. Type of establishment (factory, mine, wholesaler, etc.) <b>Grocery Store</b>	8. Identify principal product or service	9. Number of workers employed <b>68</b>	
10. Full name of party filing charge <b>[Redacted]</b>		11a. Tel. No. <b>260-409-1181</b>	b. Cell No.
		c. Fax No.	d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.) <b>[Redacted]</b>			

12. DECLARATION  
I declare that I have read the above charge, and that the statements therein are true to the best of my knowledge and belief.  
By **[Redacted Signature]** **[Redacted Name]**  
(signature of representative or person making charge) (Printtype name and title or office, if any)

Tel. No.	<b>[Redacted]</b>
Cell No.	<b>[Redacted]</b>
Fax No.	
e-Mail	<b>[Redacted]</b>

Address **[Redacted]** (date) **10-16-08**

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.