

INTERNET  
FORM NLRB-508  
(2-08)

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

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case  
25-CB-9235

Date Filed  
10/23/08

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 UFCW Local 700		b. Union Representative to contact	
c. Address (Street, city, state, and ZIP code) P.O. Box 42669 Indianapolis, IN 46242		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)  
The above Union rep. approached me at the checklane while I was working on the morning of Tuesday 10/14/08 and told me that the union had come through and I needed to sign the forms now in order to utilize the Initiation Fee. I did so - and later found out what he said was untrue. I would not have signed at all if it were not for being deceived.

3. Name of Employer Scott's Food and Pharmacy		4a. Tel. No. 260-483-3134	b. Cell No.
		c. Fax No.	d. e-Mail

5. Location of plant involved (street, city, state and ZIP code) 3109 N. Anthony Blvd, Ft Wayne, IN 46805		6. Employer representative to contact	
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7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or service	9. Number of workers employed	
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10. Full name of party filing charge <del>Denise A. [redacted]</del>		11a. Tel. No. <del>260-483-4186</del>	b. Cell No.
		c. Fax No.	d. e-Mail

11. Address of party filing charge (street, city, state and ZIP code.) <del>508 [redacted] [redacted] IN 46805</del>	
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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.		Tel. No. <del>260-483-4186</del>	
By <del>[redacted]</del> (signature of representative or person making charge) (Print/type name and title or office, if any)		Cell No.	
		Fax No.	
		e-Mail	
Address <del>408 [redacted] [redacted] IN 46805</del> (date) 10-23-08			

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.