

## UNITED STATES OF AMERICA

| FOR FLRA USE ONLY |  |   |  |  |  |  |  |
|-------------------|--|---|--|--|--|--|--|
| Case No.          |  | _ |  |  |  |  |  |
| Date Filed        |  | _ |  |  |  |  |  |

|  | CHARGE AGAINST AN AGENCY   |  |  | Case No.  |  |   |  |
|--|--|--|--|---|--|---|--|
|  |  |  |  | Date Filed                                      |  | _ |  |
| Complete instruct                              | ions are on the back of this form.                                 |  |  |   |  | _ |  |
| 1. Charged Activit                             | tv or Agency   | 2. C   | harging  | Party (Labor Organiz                            | ration or Individual)                        | - |  |
| Name: Department of Veterans Affairs           |  |  | Name: AFGE National Veterans Council #53       |   |  |   |  |
| Address: 810 Vermont Avenue, N.W.              |  |  | Address: Salem VAMC 1970 Roanoke Blvd., 75-106 |   |  |   |  |
| Washington, DC 20420                           |  |  | Salem, VA 24153                                |   |  |   |  |
|  | 461-4122 Ext.<br>461-4075  | Tel.   |  | (540) 345-6103<br>(540) 224-1931                | Ext.   |   |  |
|  | ity or Agency Contact Infor  |  |  | g Party Contact Info                            | ormation                                     | - |  |
| Name: Susan Fuehrer                            |  |  | Name: Oscar L. Williams Jr.                    |   |  |   |  |
| Title: Director Louis Stokes VA Medical Center |  |  | Title: 2nd Executive Vice President            |   |  |   |  |
| Address: 10701 East Blvd.                      |  |  | Address: 29 Lake Street                        |   |  |   |  |
|  | OH 44106   | <u>-</u> .   |  | nville, IL 61832                                |  |   |  |
|  | 791-3800 Ext. 820400 421-3202                                      | Tel.   |  | (217) 554-4866                                  | Ext.   |   |  |
| 5. Which subsection                            | n(s) of 5 U.S.C. 7116(a) do you belie                              |  |  | e] (1) and 5                                    |  |   |  |
| 6. Tell exactly WHA                            | AT the activity (or agency) did. Start                             | t with the DATE and LOCA                             | TION, sta                                      | ate WHO was involved, inc                       | cluding titles.                              | - |  |
| Veterans Affairs 6                             | the NVAC submitted a demar<br>th District Representative from      | n within the facility to an                          | outside  | e trailer. On March 10                          | ), 2014, the Director, VA Louis              |   |  |
| Stokes Medical Ce<br>Daniel Borichevsk         | enter, Cleveland, Ohio, by its m<br>sy, Employee and Labor Relatio | nanagement officials, A<br>ons Specialist refused to | ntonio S<br>o bargai                           | Suarez, Chief, Employe in with the Exclusive Re | e and Labor Relations, and epresentative.    |   |  |
| NVAC is requesting                             | ng status quo ante relief in this                                  | matter, until manageme                               | ent mee  | ts their it's bargaining o                      | obligation or a TRO.                         |   |  |
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| 7 Have you at arms                             | no also salend this matter in any attri                            | or procedure?  | V: -   | Marie   |  | _ |  |
|  | ne else raised this matter in any othe                             |  | Yes  | If yes, where? [see re                          |  | _ |  |
| 8. I DECLARE THA                               | AT I HAVE READ THIS CHARGE A                                       | ND THAT THE STATEME                                  | NTS IN   | IT ARE TRUE TO THE BI                           | EST OF MY KNOWLEDGE AND                      |   |  |
| 1001. THIS CHARG                               | STAND THAT MAKING WILLFULLY<br>E WAS SERVED ON THE PERSON IC       | FALSE STATEMENTS C<br>DENTIFIED IN ROX #3 RY [6      | AN BE P  | DOX   Fax 2 1st                                 | IMPRISONMENT, 18 U.S.C. Class Mail In Person |   |  |
| Commercial De                                  |  | /  |  | LIFAX W ISC                                     | Ciass Ividii                                 |   |  |
| Oscar L. Wil                                   |  | May 121  | 11.  |   | 03/14/2014                                   |   |  |
| Type or Print                                  |  | Your Signatu   | <i>(Cluv</i>                                   | <b>/A</b>                                       | Date   |   |  |
|  |  | , our orginala                                       |  |   |  |   |  |