

INTERNET
FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case 13-CA-157467 Date Filed 8/5/15

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 Northwestern University	b. Tel. No. (847) 467-0884
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 633 Clark Street Evanston, IL 60208	e. Employer Representative Cody Cejda, Director of Football Operations
	g. e-Mail ccejda@northwestern.edu
	h. Number of workers employed 1,000 plus
i. Type of Establishment (factory, mine, wholesaler, etc.) University	j. Identify principal product or service
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) subsections) 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 unfair practices affecting commerce within the meaning of the Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the last six months the above-named employer has maintained unlawful rules which interfere with the rights of employees guaranteed by Section 7. Full name of party filing charge (if labor organization, give full name, including local name and number) The Committee to Preserve the Religious Right to Organize	
4a. Address (Street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200 Alameda, CA 94501-1091	4b. Tel. No. (510) 337-100
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail
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)	
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.	
By  (signature of representative or person making charge)	David A. Rosenfeld (Print/type name and title or office, if any)
Address: 1001 Marina Village Parkway, Suite 200 Alameda, CA 94501-1091	August 15, 2015 (date)
	Tel. No. 510 337-1001
	Office, if any, Cell No.
	Fax No. 510 337-1023
	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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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.