

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

01-CA-167815

JAN. 15, 2016

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

Bridgewater Associates, LP

b. Tel. No. 203.226.3030

c. Cell No.

f. Fax No.

d. Address (Street, city, state, and ZIP code)

1 Glendinning Place
Westport, CT 06880

e. Employer Representative

David McCormick

g. e-Mail

h. Number of workers employed
1100

i. Type of Establishment (factory, mine, wholesaler, etc.)

Hedge Fund

j. Identify principal product or service

Institutional Asset Management

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list 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 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)

In the preceding 6 month period prior to the filing of this charge, and continuing, the above-named Employer has restrained and coerced employees, prohibiting the exercising of their Section 7 rights, by acts of surveillance of its employees' protected activities.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

(b) (6), (b) (7)(C)

4a. Address (Street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

4b. Tel. No. (b) (6), (b) (7)(C)

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 person making charge)

Scott Grubin, Attorney
(Print/type name and title or office, if any)

Tel. No. (212) 257-6800

Office, if any, Cell No.

Fax No.

e-Mail
sgrubin@wigdorlaw.com

Address Wigdor LLP, 85 Fifth Ave, 5th FL, New York, NY 10003

1/15/16
(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 will cause the NLRB to decline to invoke its processes.