

INTERNET
FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER**DO NOT WRITE IN THIS SPACE**Case
8-CA-38528Date Filed
8-27-09**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

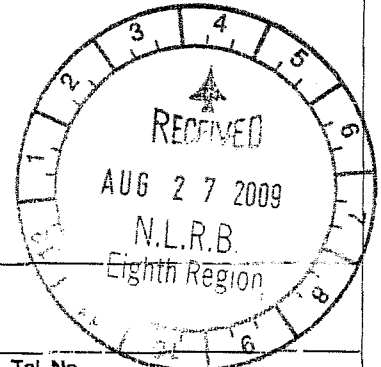
a. Name of Employer General Die Casters, Inc.		b. Tel. No. 330-657-2300
d. Address (Street, city, state, and ZIP code) 2150 Highland Rd. Twinsburg, OH, 44087		c. Cell No.
e. Employer Representative James Mathias		f. Fax No. 330-657-2192
i. Type of Establishment (factory, mine, wholesaler, etc.) factory		g. e-Mail
j. Identify principal product or service metal parts, aluminum		h. Number of workers employed 70?
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 (first subsections) (3) _____ 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)

On August 27, the employer did suspend for three days, and eliminate his Saturday overtime opportunity, Jerome Ivery, because of his Union activity.

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

Teamsters Local 24

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

727 Grant St. Akron, OH, 44311

4b. Tel. No. 330-434-8126

4c. Cell No.

4d. Fax No. 330-535-8508

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)

International Brotherhood of Teamsters

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)

Rick Kepler, Joint Council 41 organizer

(Print type name and title or office, if any)

Tel. No. 216-401-2014

Office, if any, Cell No.

Fax No. 330-745-6358

e-Mail
rickkepler@yahoo.com

8-27-09

(date)

Address 1990 Connect Rd., Norton, OH, 44203

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 investigating unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in