

UNITED STATES OF AMERICA
 NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

INSTRUCTIONS

File an original and 4 copies of this charge 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 Milbank Manufacturing Co.	b. Number of workers employed 194	
c. Address (street, city, state, ZIP code) 4801 Deramus, PO Box 419028 Kansas City, MO 64141-0028	d. Employer Representative Trace Tandy VP of MFG	e. Telephone and Fax Nos. (816) 410-7321
f. Type of Establishment (factory, mine, wholesaler, etc.) Factory	g. Identify principal product or service Electrical metering products	
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and <u>3 and 5</u> of the National Labor Relations Act, and 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)		
On November 5, 2012, the Union and the Employer commenced bargaining for a renewal Collective Bargaining Agreement to replace the one set to expire at midnight on November 18, 2012. Since November 5, 2012, the Employer has engaged in surface bargaining.		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local 13-07		
4a. Address (street and number, city, state and ZIP code) 3675 S. Noland Rd., Suite 310, Independence, MO 64055-3369	4b. Telephone and Fax Nos. Tel (816) 836-1400 Fax (816) 836-0312	
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). Same as #3 above		
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 <u>John Wiseman</u> Signature of representative or person making charge	Title <u>Staff Representative</u>	
Address <u>3675 S. Noland Rd., Ste 310</u> <u>Independence, MO 64055-3369</u>	Telephone No. <u>816-836-1400</u>	Date <u>11-19-2012</u>

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