Form NLRB - 501 (3-21)	
UNITED STATES OF AMERICA	DO NOT V
NATIONAL LABOR RELATIONS BOARD	Case
FIRST AMENDED CHARGE AGAINST EMPLOYER	
INSTRUCTIONS:	18-CA-320104

7/13/2023

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 KOWALSKI'S MARKETS		b. Tel. No. (612)616-0559	
		c. Cell No.	
d. Address (<i>Street, city, state, and ZIP code</i>) 8505 Valley Creek Road,	e. Employer Representative Mike Oase	f. Fax No.	
Woodbury, MN 55125	Chief Operating Officer	g. e-mail	
		maose@kowalskis.com	
		h. Number of Workers Employed	
i. Type of Establishment (<i>factory, mine,</i>	j. Identify Principal Product or Service		
wholesaler, etc.)			
Grocery Retail	Grocery Retail		
I. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsection (5) 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 practices are 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)			

Employer offered a Letter of Understanding on Health and Welfare that furthers shows their regressive bargaining on ratios and part time group 3 employees.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)			
United Food and Commercial Workers Local 6	63		
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No.	
		(218)241-1348	
6160 Summit Drive North, Suite 600		4c. Cell No.	
Brooklyn Center, MN 55430		(218)241-1348	
		4d. Fax No.	
		4e. e-mail	
		chelsan@ufcw663.org	
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		Tel. No.	
I declare that I have read the above charge and that the		(218)241-1348	
knowledge and beli	ef.		
		Office, if any, Cell No.	
		(218)241-1348	
Chelsa Nelson-Preble	Chelsa Nelson-Preble, Metro Field		
	Director		
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No.	
Address: 6160 Summit Drive North, Suite 600,	Date: 7/13/2023	e-mail	
Brooklyn Center, MN 55430		chelsan@ufcw663.org	
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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.