FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

INS.	TDII	ICT	uc.
1113	1110		۷ 3.

File an original with NLRB Regional Director for the region in N 1 FMPI (which the alleged unfair labor practice occurred or is occurrii OYER AGAINST WHOM CHARGE IS BROUGHT	ng.			
a. Name of Employer	b. Tel. No.				
Apple, Inc.					
		c. Cell No.			
		f. Fax. No.			
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	a a mail			
Apple Easton Town Center	Kaci Couch, Store Leader	g. e-mail			
4210 The Strand					
Columbus, OH 43219		h. Number of workers employed 100			
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service				
Retail	Cellular and Computer Devices				
The above-named employer has engaged in and is engaged	ling in unfair labor practices within the meaning of section	8(a), subsections (1) and			
(list subsections) (2)	of the National Labor R	elations Act, and these unfair labor			
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are practic	es affecting commerce within the			
meaning of the Act and the Postal Reorganization Act.					
Basis of the Charge (set forth a clear and concise state)	ement of the facts constituting the alleged unfair labor prac-	etices)			
which its representative stated that the Employer was meeting, falsely representing that the Employer was Creating and soliciting employees to join an emplo- activities.	oyer-created / employer-dominated labor organizati	was formed; (2) In the same ets if a Union was formed; and (3)			
3. Full name of party filing charge (if labor organization, g Communications Workers of America, AFL-CIO	ive full name, including local name and number)				
4a. Address (Street and number, city, state, and ZIP code	9)	4b. Tel. No.			
20525 Center Ridge Rd.					
Suite 700 Rocky River, OH 44116					
		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)					
Same as 3					
6. DECLARATION Tel. No.					
I declare that I have read the abo are true to the best of n	Office, if any, Cell No.				
s/ Matthew R. Harris	Matthew R. Harris, CWA District 4 Counsel	Onice, if any, ocil 140.			
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No.			
Same as 4a Address	Date 12/16/2022	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

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 may cause the NLRB to decline to invoke its processes.