DO NOT WRITE IN THIS SPACE					
	Date Filed				
16-CB-8105	// 6-28-2010				

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P.02/03

INSTRUCTIONS: File an original with NL					d or is occurring.
1. LAB	OR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name IAM Local Lodge 776		b. Union Representative to contact     David			
		Webb			
		Business Agent			
c. Address	(Street, city, state, a	and ZIP code)	d. Tel. No.		e. Cell No.
7711 Clifford Street	(,,	,	(817)246-24	42	( ) ~
Fort Worth	TX 7610	8	f. Fax No. ( ) -		g. e-Mail davidwebb@7761AM.org
h. The above-named organization(s) or its subsection(s) (list subsections) [1](A are unfair practices affecting commerce meaning of the Act and the Postal Rec	) e within the meaning of the Ad	of the Natio	mai Labor Rela	tions Act, a	ing these uniair lador practices
2. Basis of the Charge (set forth a clear					
On or about May 28, 2010, it, by its Shadwick in the exercise of his righ refusal.	ts guaranteed in Section 7	of the Act by refusing to	process his g	rievance o	ver the right of first
3 Nume of Employer			4a. Tel. No.		b. Cell No.
3. Name of Employer  DynCorp International			(940)676-4	176	( ) -
			c. Fax No.		d. e-Mail
				1	
5. Location of plant involved (street, cit) 835 20th Avenue	/, state and ZIP code)			6. Emplo Derrick	yer representative to contact Mann
Sheppard AFB		тх 76311-		Derrick	Man
7. Type of establishment (factory, mine	. wholesaler. etc.)	8. Identify principal product	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		er of workers employed
service	, out out of the	Aircraft maintenance			-
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.	
Joseph Shadwick		( ) -		(940)447-6764 d. e-Mail	
		c. Fax No. ( ) -			
11. Address of party filing charge (street 4831 Colleen Drive	et. cllv. state and ZIP code.)		<u> </u>		ishedwick@sw.rr.com
TOUR COMMINENTE	Wichita Falls,				TX 76302-
I declare that I have read the above chame and the	13. DECLARATION that the statements therein are true to	o the best of my knowledge and he	ief. Tel	. No.	
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.    Cell No.   Cell					
(940)447-6764  (signature of representative or person making charge) (Print/type name and title or office, if any)  Fax No.					
Joseph Shadwick () -				4.4000.00	
483 i Collect Drive Address Wichita Falls. TX 76302- (data) 12 los 2010					
Address Wichita Falls.	TX 76302-	(date) 12			TITLE AD CEPTION TORY

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 rouline 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.