FORM NLRB-501 (10-24)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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CHARGE	AGAI	NSTE	MPL	OYER

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged ι	unfair labor practice occurred or is oc	curring.
1. EMPL	OYER AGAINST	WHOM CHARGE IS BROUGHT	
a. Name of Employer	b. Tel. No.		
The Boeing Company			c. Cell No. (425) 902-8732
			f. Fax. No.
d. Address (Street, city, state, and ZIP code)	e. Employer Rep	presentative	g. e-mail
7755 E. Marginal Way Seattle, WA 98108	Robert Joga		Robert.joga@boeing.com
			h. Number of workers employed 3,000
i. Type of Establishment (factory, mine, wholesaler, etc.) Factory	j. Identify principa military aircraf	al product or service ft and weapons	
The above-named employer has engaged in and is engage	jing in unfair labor	practices within the meaning of se	ction 8(a), subsections (1) and
(list subsections) (5)		of the National Lab	oor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea	aning of the Act, o	r these unfair labor practices are pr	ractices affecting commerce within the
meaning of the Act and the Postal Reorganization Act.			
Within the past six months, the parties have been facilities in the St. Louis, Missouri, metropolitan faith by summarily rejecting multiple Union pro	area. Since mi	d-September, the Employer ha	s violated its duty to bargain in good
3. Full name of party filing charge (if labor organization, granternational Association of Machinists and Aero	ve full name, incluospace Workers	uding local name and number) s, District 837	
4a. Address (Street and number, city, state, and ZIP code)			4b. Tel. No. (314) 731-0603
212 Utz Lane Hazelwood, MO 63042	4c. Cell No.		
			4d. Fax No.
			4e. e-mail
5. Full name of national or international labor organization International Association of Machinists and Aerosp		affiliate or constituent unit (to be fille	d in when charge is filed by a labor organization)
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.		Tel. No. (301) 967-4510	
Wie H Hele to the best of m	William H. Haller, Assoc. Gen'l Counsel		Office, if any, Cell No.
(signature of representative or person making charge)	(Print/ty	ype name and title or office, if any)	Fax No.
Address 9000 Machinists Place, Upper Marlboro,	MD 20772	Date October 15, 2025	e-mail whaller@iamaw.org

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, 89 FR 24869 (April 9, 2024). 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.