

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

DO NOT WRITE IN THIS SPACE	
Case 25-CA-286101	Date Filed 11/10/21

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

<b>1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT</b>	
a. Name of Employer The National Collegiate Athletic Association	
b. Tel. No. 317-917-6222	
c. Cell No.	
f. Fax No. 317-917-6888	
d. Address (Street, city, state, and ZIP code) 700 W. Washington Street P.O. Box 6222 Indianapolis, IN 46206-6222	e. Employer Representative Mark Emmert
g. e-mail	
h. Number of workers employed 1000+	
i. Type of Establishment (factory, mine, wholesaler, etc.) Member Organization	j. Identify principal product or service
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 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 affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
<b>2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)</b> Within the last 6 months the above-named employer has violated section 8(a)(1) by classifying college athletes as "student-athletes".	
<b>3. Full name of party filing charge (if labor organization, give full name, including local name and number)</b> College Basketball Players Association	
4a. Address (Street and number, city, state, and ZIP code) 16101 Old Valley Blvd La Puente, CA 91744	
4b. Tel. No. 612-701-6576	
4c. Cell No.	
4d. Fax No.	
4e. e-mail	
<b>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)</b>	
<b>6. DECLARATION</b>	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
 (signature of representative or person making charge)	
Michael D. H. Hsu (Print/type name and title or office, if any)	
Tel. No. 612-701-6576	
Office, if any, Cell No.	
Fax No.	
e-mail	
Address 16101 Old Valley Blvd, La Puente, CA 91744	Date November 10, 2021

**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.