

March 18, 1977

Division of Labor Standards Enforcements  
225 Chester Avenue Room 208  
Bakersfield, Ca. 93301

Dear Sir:

We would like to register an official complaint on behalf of all the agricultural employees of Superior Farming.

Superior Farming Company, located at 3501 Stockdale Highway, Bakersfield, Ca. is a large agricultural corporation farming over 25,000 acres in Kern County alone. It is engaged in the production of many and various crops including grapes, almonds, pistachios, walnuts, plums, peaches, figs, olives, oranges, and various row crops.

Workers at Superior must provide their own pruning sheers, saws, clippers, hoes and other necessary tools and equipment needed to perform the work. This is a violation of the Industrial Welfare Commissions' order No. 14-76. Superior is a very diversified company with crews switching from crop to crop with different types of pruning sheers and other equipment needed for each. This has resulted in extremely undue hardship on the agricultural employees of Superior, some of whom have been required to purchase six or more different pruning sheers since December costing nearly \$100.00.

We appreciate your attention in this matter and hope for quick action on our complaint.

Very truly yours,



Mark Pitt, Director

MP/gs

CC: James L. Quillin



April 5, 1977

James L. Quillan, Chief  
Div. of Labor Standards Enforcement  
P. O. Box 603  
San Francisco, Ca. 94101

Dear Mr. Quillan:

After our conversation of today concerning Superior Farming, I received a call from Mr. Bob Puckett of your Bakersfield office. He stated to me that Superior Farming had admitted to violating order #14-76 of the Industrial Welfare Commission by not providing free of charge, the tools needed to perform the required work. Mr. Puckett stated that he was waiting to hear from the company in order to determine from them what action the company was going to take to correct the situation. Mr. Puckett also stated that it was not the normal practice of the Department to inform the charging party of the results of their complaint.

Superior Farming Company employs over 1,200 people in the Kern County area alone. Since October of 1976, it has been violating the Industrial Welfare Commission wage order. Many workers have had money deducted from their wages and others had to buy tools from the local merchants. Many of the workers no longer work at Superior. We filed a complaint against Superior to stop their illegal practices and to see that those workers who were forced to buy their tools would get all of their money refunded.

If the policy of this Division is not to inform the charging party of the results of the investigation and the action taken to correct the situation, how are we to determine if this change has been handled properly and if there is any reason to file any more complaints in the future.

Please advise me as to the position of the Division concerning this practice.

Very truly yours,



Mark R. Pitt  
UFW Delano Field Office





STATE OF CALIFORNIA  
AGRICULTURAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

MERZOIAN ENTERPRISES (Elmco Vineyards)

b. Number of Workers Employed

700

c. Address(es) of Establishment(s) Involved (street and number, city, state, and zip)

Avenue 112, Porterville, CA.

d. Employer Representative to Contact

Bob Merzoian

e. Phone Number

f. Nature of Employer's Agricultural Commodity or Commodities

Grapes

The above-named Employer has engaged in and is engaging in unfair labor practices within the meaning of the following section(s) of the Agricultural Labor Relations Act: (check the appropriate box)

Section 1153, subsection(s) ~~(a), (b), (c)~~

Section 1154.5 \_\_\_\_\_

Section 1154.6 \_\_\_\_\_

2. Basis of the Charge: Within the six months last past and especially on or about August 1, 1977, the above named employer through its agent Mosleh, (last name unknown,) by interference, harrassment, surveillance, threats, and other such acts and conduct, interfered with, restrained and coerced its employees in the exercise of their rights guarenteed in section 1152 of the Act.

3. Full Name of Party Filing Charge: UNITED FARM WORKERS OF AMERICA, AFL - CIO

(a) Address: P.O. Box 130, Delano, California 93215 / P.O. Box 1049, Salinas, California, 93901

(b) Phone Number: 725-9726

4. Full Name of National or International Organization of which it is an Affiliate: American Federation of Labor, Congress of Industrial Organization

DECLARATION

I declare under penalty of perjury that I have read the above charge and the statements herein are true to the best of my knowledge and belief.

By *Debra Miller*, Legal Department, United Farm Workers of America, Post Office Box 130, Delano, California 93215. (805) 725-9726

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PROOF OF SERVICE BY MAIL

I, the undersigned, hereby declare:

I am a citizen of the United States over the age of 18. On the date shown below I mailed the within CHARGE AGAINST EMPLOYER to the employer named therein, first class mail postage prepaid, addressed as follows:

Executed at \_\_\_\_\_, California, on \_\_\_\_\_, I declare under penalty of perjury that the foregoing is true and correct.

UNFAIR LABOR PRACTICE INCIDENT REPORT

Ranch: \_\_\_\_\_  
Charging Person(s): \_\_\_\_\_

Subject Person(s) and Position(s): \_\_\_\_\_

Witness(-es): \_\_\_\_\_

Date & Approx. Time: \_\_\_\_\_

Report Date: _____
Prepared By: _____

Location: \_\_\_\_\_

- \_\_\_\_\_ Firing, demotion, seniority loss, transfer, layoff (actual)(threatened).
- \_\_\_\_\_ Wage or other benefit reduction (actual)(threatened).
- \_\_\_\_\_ Wage or other benefit increase (actual)(promised).
- \_\_\_\_\_ Questioning/interrogating about union activity or membership.
- \_\_\_\_\_ Surveillance of union discussion or meeting.
- \_\_\_\_\_ Anti-union captive audience speech.
- \_\_\_\_\_ Polling employees about union choice.
- \_\_\_\_\_ Instruction to employees not to sign union cards.
- \_\_\_\_\_ Prohibition against leaflets at lunch or break.
- \_\_\_\_\_ Prohibition against solicitation by employees on non-work time.
- \_\_\_\_\_ Prohibition against union organizer access at non-work time.
- \_\_\_\_\_ Discriminatory access action by employer.
- \_\_\_\_\_ Distribution of anti-union literature by employer.
- \_\_\_\_\_ Employer solicitation of union authorization or check-off cards.
- \_\_\_\_\_ Involuntary check-off demand by(employer)(Teamsters).
- \_\_\_\_\_ Financial aid or other tangible assistance to union.
- \_\_\_\_\_ Stop operation at one location and start at another with new workers.
- \_\_\_\_\_ Blacklist.
- \_\_\_\_\_ Lockout.
- \_\_\_\_\_ Refusal to reinstate employee.
- \_\_\_\_\_ Atmosphere or threats of violence.
- \_\_\_\_\_ Employer misrepresentation of law or fact.
- \_\_\_\_\_ Violence.
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Us





<b>OFFICE USE ONLY</b>	
CLAIM No. _____	
IWC No. _____	

# COMPLAINT

Please Print All Names and Addresses

NAME OF BUSINESS		INDIVIDUAL <input type="checkbox"/>	
		PARTNERSHIP <input type="checkbox"/>	
		CORPORATION <input type="checkbox"/>	
EMPLOYER'S NAME			
ADDRESS OF EMPLOYER - STREET AND NUMBER, CITY, ZIP CODE			
TELEPHONE NUMBER	TYPE OF BUSINESS	UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK DONE AT - STREET AND NUMBER, CITY, COUNTY, ZIP CODE			
NAME OF PERSON IN CHARGE		HIRED BY	
YOUR NAME (EMPLOYEE OR COMPLAINANT)		SOCIAL SECURITY NO.	WITHHOLDING TAX EXEMPTIONS
YOUR ADDRESS - STREET AND NUMBER, CITY, ZIP CODE		YOUR TELEPHONE NUMBER	
KIND OF WORK DONE (OCCUPATION)	IF UNDER 18, DATE OF BIRTH	CALIFORNIA DRIVER'S LICENSE NO.	

## MY COMPLAINT IS:

IN ORDER TO PURSUE THE FOLLOWING MATTERS, YOUR NAME WILL BE USED IN THE INVESTIGATION.

- DIDN'T GET PAID AT TIME OF DISCHARGE (201)
- DIDN'T GET PAID WITHIN 72 HOURS WHEN QUIT (202)
- FAILURE TO PAY ALL WAGES DUE ON ESTABLISHED PAYDAY (204)
- PAID BY BAD CHECK (212a)
- FAILURE TO PAY WAGES DUE (216)
- FAILURE TO PAY UNION WAGE SCALE (222)
- FAILURE TO PAY DESIGNATED WAGE SCALE (223)
- FAILURE TO PAY FRINGE BENEFITS (227)
- EMPLOYER REQUIRED PURCHASE OF THING OF VALUE (450)
- EMPLOYER MISREPRESENTED CONDITIONS OF EMPLOYMENT (970)
- UNEQUAL PAY BECAUSE OF SEX (IWC-1197.5)
- DISCRIMINATED AGAINST FOR COMPLAINING ABOUT JOB HEALTH OR SAFETY (6310/6311)

OTHER: \_\_\_\_\_

WITH REGARD TO THE FOLLOWING MATTERS, MY NAME MAY BE USED IN THE INVESTIGATION.

YES  NO

- NOT PAID MINIMUM WAGE (IWC)
- NOT PAID OVERTIME (IWC)
- NOT PAID FOR SPLIT SHIFT (IWC)
- NOT PAID REPORTING TIME PAY (IWC)
- OVERCHARGED FOR MEALS OR RENT (IWC)
- DEDUCTIONS MADE FOR SHORTAGE OR BREAKAGE (IWC)
- EMPLOYER CONTROLS TIPS (IWC-351)
- INACCURATE OR NO TIME RECORDS KEPT (IWC)
- REQUIRED TO FURNISH/MAINTAIN UNIFORM (IWC)
- INADEQUATE OR NO MEAL PERIOD (IWC)
- NO REST PERIODS (IWC)
- SUBSTANDARD OR EXCESSIVE TEMPERATURE (IWC)
- INDUSTRIAL WELFARE COMMISSION ORDER NOT POSTED (IWC)
- ILLEGAL INDUSTRIAL HOMEWORK (IWC-2650)
- CHILD LABOR VIOLATIONS (L.C. & Ed. Code)
- NO FIELD SANITATION FOR FARM LABOR (H&S)
- NO STATEMENT OF DEDUCTIONS (IWC)
- NO DAY OF REST (552)
- NO WORKERS' COMPENSATION INSURANCE COVERAGE (3700)

DO OTHER EMPLOYEES HAVE THE SAME COMPLAINT?  YES  NO

DESCRIBE OR EXPLAIN THE ITEMS CHECKED:

Blank lines for describing or explaining items checked.

IF YOUR COMPLAINT INVOLVES WAGES, COMPLETE THE FOLLOWING:

Wage rate promised: \$ \_\_\_\_\_ per \_\_\_\_\_

Hired at: \_\_\_\_\_ ON: \_\_\_\_\_ Date \_\_\_\_\_

City or county \_\_\_\_\_ Date \_\_\_\_\_

Quit?  Discharged?  Date \_\_\_\_\_

If quit, did you give your employer 72 hours notice before quitting? Yes or No

Reason for quitting or discharge \_\_\_\_\_

Have you asked for your wages? \_\_\_\_\_

Reason given by employer for failure to pay \_\_\_\_\_

GROSS WAGES CLAIMED (DO NOT DEDUCT PAYROLL TAXES):

From \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ being \_\_\_\_\_

At the rate of \$ \_\_\_\_\_ per \_\_\_\_\_

Hour, day, week, month \_\_\_\_\_

Number of hours, days, weeks, or months \_\_\_\_\_

LESS ANY AMOUNTS FOR THE FOLLOWING:

Meals Furnished: \_\_\_\_\_ Lodging Furnished: \_\_\_\_\_

CASH ADVANCES: \$ \_\_\_\_\_

Breakfast  Lunch  Dinner

Individual Room  Shared Room  Apartment

Rental Value of Apartment to Public \$ \_\_\_\_\_

Minus total of amounts and credits received \$ \_\_\_\_\_

Amount or Balance Claimed \$ \_\_\_\_\_

I HEREBY CERTIFY, That this is a true statement to the best of my knowledge and belief. I hereby assign all wages and all penalties accruing because of their non-payment, and all items securing them, to the Labor Commissioner of the State of California to collect in accordance with law.

I authorize the Labor Commissioner and his deputies and agents to receive, endorse my name on, and deposit any checks or money orders obtained as payment on this claim.

I hereby authorize the mailing, at my own risk, of any money paid on this claim.

I hereby authorize the Labor Commissioner to approve a proposed compromise adjustment or settlement of this claim unless I object in writing to such proposal within ten days after notification is mailed to me to the address given by me to the Labor Commissioner. In pursuance hereof, I authorize the Labor Commissioner to transfer, sell or assign this claim or any judgment obtained thereon.

If I do not request return of any papers submitted by me in connection with this claim, I hereby authorize the Labor Commissioner to destroy them after five years.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_

Taken By \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Date \_\_\_\_\_