

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

INSTRUCTIONS:

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

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Skadden, Arps, Slate, Meagher & Flom LLP		b. Tel. No. 1.212.735.3000
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) One Manhattan West New York, NY 10001	e. Employer Representative Annemarie Crouch	g. e-mail annemarie.crouch@skadden.com
		h. Number of workers employed 1,700 lawyers
i. Type of Establishment (factory, mine, wholesaler, etc.) Law Firm	j. Identify principal product or service Legal Services	

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.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

In March 2025, Skadden, Arps, Slate, Meagher & Flom LLP entered into an agreement with the Trump administration to provide pro bono legal services to causes aligned with the administration and to curtail the firm's diversity, equity, and inclusion initiatives. Associates used firm email to discuss these changes, submit resignations, plan coordinated rejections of recruitment activities, and express concerns about the impact on what they do, with whom they work, and their ethical obligations. Skadden interfered with these activities by restricting access to email distribution lists in order to suppress employee discussions about the firm's policy changes.

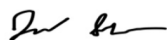
3. Full name of party filing charge (if labor organization, give full name, including local name and number)

National Institute for Workers' Rights

4a. Address (Street and number, city, state, and ZIP code) 1800 Sutter Street, Suite 210 Concord, CA 94520	4b. Tel. No. (415) 296-7629
	4c. Cell No.
	4d. Fax No.
	4e. e-mail jsolomon@niwr.org

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)**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.



Jason Solomon

(signature of representative or person making charge)

(Print/type name and title or office, if any)

1800 Sutter Street, Suite 210
Address Concord, CA 94520April 23, 2025
Date

Tel. No.

Office, if any, Cell No.

Fax No.

e-mail
jsolomon@niwr.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.