# LABOUR BOARD FORM 22 DUTY OF FAIR REPRESENTATION COMPLAINT UNDER S54(A)(3) OF THE TRADE UNION ACT

## **Privacy Statement**

Any personal information provided herein is collected under the authority of the *Trade Union Act* of Nova Scotia ("TUA") and the *Freedom of Information and Protection of Privacy Act* of Nova Scotia ("FOIPOP") for the purpose of processing your Application to the Labour Board. The collection use and disclosure of this information is managed pursuant to FOIPOP and TUA. Any relevant information provided to the Board will in ordinary course be provided to all parties affected by the Application, subject to the discretion and policies of the Board.

#### **A. COMPLAINANT INFORMATION:** (Person making the complaint)

Full Name						
Address		Town/City, Province	Postal Code			
Home Telephone No.	Work Telephone No.	Fax No.	E-mail			
Preferred Method of Contact & Time:						

## **B.** TRADE UNION INFORMATION:

Full Name		Contact person and position	
Local:			
Address		Town/City, Province	Postal Code
Office Telephone No.	Contact Telephone No.	Fax No.	E-mail

## **C. EMPLOYER INFORMATION:**

Full Name (Person or legal business name)		Contact person and position	
Address		Town/City, Province	Postal Code
Business No.	Fax No.	Cell No.	E-mail

#### WHAT IS OR WAS YOUR EMPLOYMENT STATUS?

#### WHAT IS THE GENERAL NATURE OF THE EMPLOYER'S OR FORMER EMPLOYER'S BUSINESS?

#### **D. YOUR COMPLAINT:**

The duty of fair representation prohibits trade unions, and persons acting on behalf of trade unions, from representing bargaining unit members in a manner that is (a) arbitrary; (b) discriminatory; or (c) in bad faith, with respect to their rights under collective agreements. You must identify which type(s) of unfair representation occurred in your case by checking the appropriate box and describing the unfair representation below.

□ Arbitrary – This is conduct that is ill-informed or reckless, or where the union has not given sufficient consideration to or has been indifferent with regard to your interests. For example, if the union accepted an employer's version of a grievance without giving you a chance to respond to it, or if it failed to adequately investigate your grievance, then this may be considered arbitrary. However, it is not necessarily a violation if the union makes honest mistakes or exercises poor judgment.

Discriminatory – This includes differential treatment due to personal characteristics such as your race, sex, religion, disability, or just based on individual favouritism, except where justified. For example, if you were treated differently based on irrational or unreasonable grounds, then this may be considered discriminatory.

□ In Bad Faith - This includes conduct based on ill-will, hostility, or revenge toward an employee. For example, if the union refused to pursue your grievance because you opposed union officials in a union election, or if it engaged in dishonest or deceitful conduct, then this may be found to be in bad faith.

Provide <u>specific examples</u> of the unfair conduct you have alleged. Tell us what happened, when it happened, who was involved, and what your union did or didn't do about the situation. Refer to the evidence that you believe proves your allegations: (You may attach additional pages, if necessary)

What is the date when you feel the Union violated its duty of fair representation? (Exact date
required):

What internal union appeals have taken place?

What remedy are you seeking from the Labour Board?

## E. UNFAIR REPRESENTATION:

Who do you feel unfairly	represented you? Ur	nion 📮 Union Represer	tative 🖬 Both 🖬			
If you answered 'Union Representative or Both', please complete the following section:						
Union Representative Name		Position				
Address		Town/City, Province	Postal Code			
Home Telephone No.	Work Telephone No.	Fax No.	E-mail			

IMPORTANT: This Application Form must be completed in full, with all necessary documents attached. An incomplete Application Form will not be processed. Further note that, except where protected by statute or Board policy all information collected in this Application Form will be shared with other parties involved in this matter.

#### I certify that all information provided on this form is true and correct to the best of my knowledge.

Signature

Date

Print Name

**Important Note:** Complaints may be filed with the Board by hand delivery, regular mail, facsimile transmission, Xpresspost or Courier.

Return to: Labour Board (Nova Scotia) PO Box 202 1601 Lower Water Street, Suite 304 Halifax, Nova Scotia B3J 2M4

For more information call: Phone: 1 (902) 424-6730 Toll-free: 1 (877) 424-6730