

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 Local:		Contact person and position	
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

WHEN WERE YOU HIRED BY THE ABOVE EMPLOYER? _____

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? Union <input type="checkbox"/> Union Representative <input type="checkbox"/> Both <input type="checkbox"/>			
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