

SECTION 37 COMPLAINT

CANADA LABOUR CODE

PLEASE PRINT CLEARLY - Refer to Information Circulars No. 11-05 and *Virginia McRaeJackson et al.*, [2004] CIRB no. 290, posted at http://www.cirb-ccri.gc.ca/decisions/index_e.asp. These reference materials may also be obtained from the CIRB's regional offices.

Complainant

NAME:	_____
ADDRESS:	_____
TELEPHONE NUMBER(S):	_____ FAX: _____
EMPLOYMENT - DATE OF HIRE	_____
DATE OF TERMINATION (IF APPLICABLE)	_____
NAME OF REPRESENTATIVE OR COUNSEL, if applicable:	_____
ADDRESS:	_____
TELEPHONE NUMBER(S):	_____ FAX: _____

Bargaining Agent

NAME OF UNION:	_____
ADDRESS:	_____
TELEPHONE NUMBER(S):	_____ FAX: _____
NAME AND POSITION OF UNION REPRESENTATIVE:	_____

Employer

NAME OF COMPANY:	_____
ADDRESS:	_____
TELEPHONE NUMBER(S):	_____ FAX: _____
NAME AND POSITION OF COMPANY REPRESENTATIVE:	_____

General information concerning this complaint:

a. Nature of the incident (check all that apply)

- Termination of employment
- Seniority rights
- Grievance not referred to the grievance procedure
- Union did not communicate its decision to you
- Other disciplinary action
- Collective bargaining issue
- Grievance not referred to arbitration
- Other (specify):

b. Grievance (attach copy of grievances and responses - if available)

Date filed: _____

Name of the union official who agreed or refused to file this grievance:

Articles of the collective agreement alleged to have been breached (attach the collective agreement or relevant extracts): _____

c. Date the union's alleged violation came to your attention:

d. If this application is being filed more than 90 days after the union's alleged violation came to your attention, explain the reasons for the delay in filing this complaint:

e. Having reference to Reasons for decision no. 290, the union's actions were (describe only the applicable violation):

- Arbitrary
- Discriminatory
- In bad faith

Please explain why:

f. Oral hearing requested:

- Yes
- No

Please explain why:

Provide in chronological order a summary of the facts and circumstances in support of this complaint and the name of any witnesses for each occurrence:

Describe the orders or remedies being sought from the Board:

List all documents in chronological order that support your complaint and provide a copy with this complaint form:

1.

2.

3.

(Add additional pages if necessary)

Signature:

Date: