

**DUTY OF FAIR REPRESENTATION
COMPLAINT UNDER S. 54A(3) OF THE TRADE UNION ACT
FORM DFR-22**

This Form is issued pursuant to Sections 16(7), 16(8), 16(9) and 18(a) of the Trade Union Act

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

Full Name			
Address		Town/City, Province	Postal Code
Home Telephone No.	Work Telephone No.	Fax No. (if available)	E-mail (if available)

B. TRADE UNION INFORMATION:

Full Name <i>(Person or legal business name)</i>		Contact person and position	
Address		Town/City, Province	Postal Code
Home Telephone No.	Work Telephone No.	Fax No.	E-mail

C. EMPLOYER INFORMATION:

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

D. YOUR COMPLAINT:

Please describe your complaint in detail. Tell us what happened, when it happened, who was involved, and what your union did, or did not do about the situation: *(Attach additional pages, if necessary)*
