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 (Person or legal business name)		Contact person and position					
Address		Town/City, Province	Postal Code				
Home Telephone No.	Work Telephone No.	Fax No.	E-mail				
C. EMPLOYER INFORMAT	TON:						
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				
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)							

Return to:	PO Box 69 5151 Term	elations Board 7 inal Road, 7 th Floor ova Scotia B3J 2T8	For more information call: (902) 424-6730 (Telephone) 1 (877) 424-6730 (Toll Free)	
Signature		Date (dd / mm / yy)		
			rue and correct to the best or red with both myself and my	
If you have de	ocuments a	nd records to support yo	ur complaint, please attach	copies to this form.
Home Teleph	one No.	Work Telephone No.	Fax No.	E-mail
Address		Town/City, Province	Postal Code	
Union Representative Name		Position		
			omplete the following sectio	·
E. UNFAIR RE			nion 🖵 Union Re	epresentative 🖵
What remedy are you seeking from the Labour Relations Board?				
What internal	union appe	als have taken place?		
How has this	situation aff	ected you?		
D. Your Con	MPLAINT: (C	ontinued)		

Revised October 4 25, 2006