

LABOUR RELATIONS CODEBRITISH COLUMBIA
LABOUR RELATIONS BOARD**DUTY OF FAIR REPRESENTATION COMPLAINT
(SECTION 12(1))**

PLEASE TYPE OR PRINT CLEARLY. ATTACH EXTRA PAGES IF NECESSARY. SEE INFORMATION
BULLETIN NO. 3 AND PRACTICE GUIDELINE NO. ADJ-3.

TIMELINESS: Complainants are required to file Section 12 complaints in a timely manner. If more than 3 to 4 months have passed since the events underlying your complaint occurred, please explain the length of time taken to file the application. An application can be dismissed solely on the basis of being untimely. For more detail refer to Information Bulletin No. 3 and Practice Guideline No. ADJ-3.

COMPLAINANT INFORMATION

Name:

Address: City:

Postal Code:

Business Telephone Number: Home Telephone Number:

Name of legal or other representative (if any):

Address (if different from above):

Telephone number:

WHO IS YOUR COMPLAINT AGAINST?

Trade Union (or Council of Trade Unions)

Name:

Address: City:

Postal Code:

Telephone number: Fax:

Representative to be contacted

WHO IS THE EMPLOYER?

What is the name of the employer?

Name:

Address: City:

Postal Code:

Telephone number: Fax:

Representative to be contacted:

WHAT IS YOUR COMPLAINT ABOUT?

If your complaint involved the filing of a grievance under the collective agreement, please attach a copy and any other documents/correspondence related to it.

What was the outcome of the grievance?

Have you exhausted your internal remedies (i.e., internal union appeal processes) yes no
If no, please explain.

Have you been terminated or laid off, or lost a substantial amount of work? yes no
If yes, please explain.

HOW DID THE TRADE UNION'S ACTIONS VIOLATE SECTION 12(1)?

Please describe fully the facts upon which you rely in making this complaint. Specifically, what facts do you rely upon to support the allegation that the union has acted in a manner that was arbitrary, discriminatory, or in bad faith in representing you or in referring you to employment? Please attach any relevant correspondence/documents, extra pages to explain your dealings with the union about the matter.

REMEDIES

What remedies are you asking the Labour Relations Board to order if the Board finds in favour of the complaint?
For example, are you asking the Board to order your grievance to proceed to arbitration?

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY IN THIS MATTER?

Describe any union appeal, statutory complaints or arbitration pending that concern your complaint.

Signature of Complainant or Representative: _____

Print name:

Date of signing:

COMPLETE AND DELIVER TO:

Vancouver, BC V6E 3X1

Registrar
Labour Relations Board
600 - 1066 West Hastings Street

Tel: 604-660-1300
Fax: 604-660-1892

In addition to this form and
attachments, please provide
a list of attachments that you
are enclosing.

LABOUR RELATIONS BOARD FEES

- APPLICATION/COMPLAINT MUST INCLUDE FEE OF \$100.00

- METHOD OF PAYMENT (CHECK ONE)

CREDIT CARD - MASTER CARD

VISA

CREDIT CARD NO:

EXPIRY DATE:

SIGNATURE: _____

CHEQUE

DEBIT CARD

CHARGE TO PRE-APPROVED ACCOUNT

- PAYMENT (CHECK ONE)

ENCLOSED

TO BE SENT WITH ORIGINAL COPY AS APPLICATION/COMPLAINT SENT BY FAX

CHARGED TO PRE-APPROVED ACCOUNT

- NOTE: FEE OF \$50.00 MUST ACCOMPANY REPLY TO APPLICATION/COMPLAINT
- NOTE: CREDIT CARD INFORMATION WILL BE DELETED BY THE BOARD PRIOR TO DISTRIBUTING THIS FORM TO THE PARTIES