

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

UNFAIR LABOUR PRACTICE COMPLAINT
For example: Sections 5, 6, 7, 9, 32, 45

PLEASE TYPE OR PRINT CLEARLY. ATTACH EXTRA PAGES IF NECESSARY.

Are you requesting an expedited hearing under Section 5(2)? yes no

COMPLAINANT INFORMATION

- PERSON, TRADE UNION, EMPLOYER OR EMPLOYER'S ORGANIZATION MAKING THE COMPLAINT.

Name:

Address: City:

Postal Code: Telephone: Fax:

Name of Contact Person:

Address (if different from above):

ADDITIONAL COMPLAINANTS

Name:

Position:

Address: City:

Postal Code: Telephone:

ADDITIONAL COMPLAINANTS

Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>

Number of Employees in Bargaining Unit:	<input type="text"/>
---	----------------------

WHO IS YOUR COMPLAINT AGAINST?

- PERSON, TRADE UNION, EMPLOYER OR EMPLOYERS' ORGANIZATION WHO YOU ARE COMPLAINING ABOUT.

Name:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
Fax:	<input type="text"/>		
Name:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
Fax:	<input type="text"/>		

WHICH SECTIONS OF THE LABOUR RELATIONS CODE DO YOU ALLEGE HAVE BEEN VIOLATED?

- PLEASE SPECIFY WHICH SECTION(S) AND SUBSECTION(S)

- IF THERE IS MORE THAN ONE RESPONDENT SPECIFY WHICH SECTION EACH RESPONDENT IS ALLEGED TO HAVE VIOLATED.

- BACKGROUND: WHEN WAS THE UNION CERTIFIED? WHAT ARE THE CLASSIFICATIONS OF THE PERSONS AFFECTED? HOW LONG HAVE THEY BEEN EMPLOYED AND HAS THERE BEEN PREVIOUS DISCIPLINE? WHAT ARE THE EMPLOYER'S USUAL PRACTICES?

PARTICULARS: WHAT ARE THE DETAILS OF YOUR COMPLAINT?

- GIVE THE FACTS AND CIRCUMSTANCES YOU ALLEGE VIOLATE THE CODE. INCLUDE ALL RELEVANT INFORMATION.

- DETAIL HOW EACH SECTION OF THE CODE IS ALLEGED TO HAVE BEEN VIOLATED BY EACH RESPONDENT.

REMEDIES

- WHAT REMEDIES ARE YOU ASKING THE LABOUR RELATIONS BOARD TO ORDER IF THE BOARD FINDS IN FAVOUR OF THE COMPLAINT? SPECIFY WHICH REMEDIES APPLY TO WHICH OF THE RESPONDENTS AND COMPLAINANTS.

HEARING

• IF THERE IS ANY URGENCY TO THE MATTER, PLEASE EXPLAIN.

Signature of Complainant or Representative: _____	
Print name:	<input type="text"/>
Position:	<input type="text"/>
Date of signing:	<input type="text"/>

Copies must be delivered to affected parties	Note Labour Relations Board
Has this been done? <input type="checkbox"/> yes <input type="checkbox"/> no	Rules 2(3) and Rule 6(1) and (2).

COMPLETE AND DELIVER TO:	Registrar Labour Relations Board 600 - 1066 West Hastings Street Vancouver, BC V6E 3X1 Tel: 604-660-1300 Fax: 604-660-1892
--------------------------	---

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