

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

**PRELIMINARY COMPLAINT
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)
Preferred Method of Contact & Time:			

B. TRADE UNION INFORMATION:

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

C. EMPLOYER INFORMATION:

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

WHAT IS OR WAS YOUR POSITION / JOB TITLE:

WHAT IS THE GENERAL NATURE OF THE EMPLOYER'S OR FORMER EMPLOYER'S BUSINESS:

I certify that all information provided on this form is true and correct to the best of my knowledge.

Signature

Date (dd/mm/yr)

Important Note: Complaints may be filed with the Board by hand delivery, regular mail, facsimile transmission, Xpresspost or Courier.

Return to: **Labour Relations Board of Nova Scotia**
PO Box 697
5151 Terminal Road, 7th Floor
Halifax, Nova Scotia B3J 2T8
Fax: (902) 424-1744

For more information call:
Phone: 1 (902) 424-6730
Toll-free: 1 (877) 424-6730