## 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

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:			
3. Trade Union Infor	MATION:		
Full Name (Person or legal business name)		Contact person and position	
	Local:		
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)
	1,		
C. EMPLOYER INFORMA	TION:		
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:

**W**HAT IS THE GENERAL NATURE OF THE EMPLOYER'S OR FORMER EMPLOYER'S BUSINESS:

## D. YOUR COMPLAINT

D. YOUR COMPLAINT:					
Please describe, in detail, how you feel your Union has not represented you fairly. How was the Union's conduct arbitrary, discriminatory or in bad faith? Tell us what happened, when it happened, who was involved, and what your union did about the situation: (Attach additional pages, if necessary)					
What is the date when you feel the Union violated its duty of fair representation ?					
What internal union appeals have taken place?					
What remedy are you seeking from the Labour Relations Board?					
E. Unfair Representation:					
Who do you feel unfairly represented you? Union ☐ Union Representative ☐ Both ☐					
If you answered 'Union Representative or Both', please complete the following section:					
Union Representative Name		Position			
Address		Town/City, Province	Postal Code		
Home Telephone No.	Work Telephone No.	Fax No.	E-mail		

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 No Xpresspost or	ote: Complaints may be filed with the Board by han Courier.	nd delivery, regular mail, facsimile transm	ission	
Return to:	Labour Relations Board of Nova Scotia PO Box 697 5151 Terminal Road, 7 <sup>th</sup> 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		