



SECTION 12 COMPLAINT FORM

Read this
section before
you complete
the form.

Information Bulletin

It is strongly recommended that you read the [Section 12 Guide](#) and the [Privacy and Access to Information Policy](#) before completing this form.

Complaint Against Union

Section 12 concerns the union's duties to the employees it represents. It is not about a complaint against the employer.

Grievance In Progress

If your complaint concerns a grievance that has been filed by your union, please note that the Board will not normally proceed with a complaint that is still in the grievance/arbitration process.

Completing Internal Appeals

In most cases, you must complete any internal appeal process through your union before filing a Section 12 complaint. You must attach any letters you have from your Union with the outcome of your appeal or indicating that the union has no appeal process.

Timeliness

Complaints must be filed in a timely manner. (For example, a complaint should be filed within months of when the union advised you that they are not taking your grievance to arbitration.) If it has been more than 3 months since the event you are complaining about occurred, you must explain the reason for the delay.

Scope of Section 12 Duty

Just because you disagree with your union does not necessarily mean that the union has violated Section 12. You must describe what the union has done or not done that is **arbitrary** ([page 8 of Guide](#)), **discriminatory** ([page 7 of Guide](#)) or in **bad faith** ([page 10 of Guide](#)) in representing you.

Completing This Form

This form can be completed either electronically (online), or on paper. The answers to some questions may require more space than you see on the form (for example, question 8: see [Guide, pp.12-17](#)). On the electronic version of the form, there is extra space on page 6 for more answer space. If you are completing the paper version of the form, you should attach extra pages wherever necessary.

*** = Required Answer**

Form 12

COMPLAINANT INFORMATION

* Name: _____

* Address: _____ * City: _____

* Postal Code: _____

* Home/Cell Telephone No: _____

Alternative Telephone No: _____ E-mail: _____

If you are represented by a legal or other representative, their name: _____

Address: _____

Telephone number: _____

E-mail: _____

WHO IS YOUR COMPLAINT AGAINST?

Trade Union (or Council of Trade Unions)

* Name: _____ Local: _____

* Address: _____ * City: _____

* Postal Code: _____

* Telephone number: _____ Fax: _____

Cell No: _____ E-mail: _____

Representative to be contacted: _____ Position: _____

If different from above:

Telephone number: _____ Cell No.: _____

E-mail: _____

EMPLOYER INFORMATION

* Company Name: _____

* Address: _____ * City: _____

* Postal Code: _____ * Business Tel.: _____ Fax No.: _____

Name of Contact Person: _____

E-mail: _____

If your complaint is about something other than a grievance, skip Questions 1-4.

1. Did you ask the Union to file a grievance (yes/no)? _____

If yes, when? _____

2. Did the Union file a grievance (yes/no)? _____

If yes, when? _____

3. Did the union provide you with a copy of the grievance filed on your behalf (yes/no)? _____

If yes, please include a copy with your application.

4. If the Union decided not to proceed with your grievance you must include a copy of their explanation letter or describe here the reasons the union gave to you.

5. Did you attempt to appeal the Union's decision through the Union's internal appeal procedure (yes/no)?

If no, why not?

If yes, what happened?

Signature of Complainant: _____ (can be omitted if filing electronically)
Print name: _____
Date of signing: _____

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 Email: registrar@lrb.bc.ca
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Application Check List (click box to check off/acknowledge)

- * Have all required fields been filled in?
- * Have all documents listed in the complaint been attached?
- * Have arrangements been made to pay the \$100 application fee as per the next page of the complaint form?
- * You understand that once your complaint has been reviewed for completeness and has been accepted for filing, you will be required to deliver a copy of the completed complaint (including all attached documents) to the union and the employer.
- * Note that if your application is incomplete, it may not be accepted for filing by the Board.

LABOUR RELATIONS BOARD FEES

NOTE: APPLICATION/COMPLAINT MUST INCLUDE FEE OF \$100.00

****IF YOU ARE FILING BY EMAIL - do NOT include credit card information. EITHER fax this page with your credit card payment information to (604) 660-1892 OR phone (604) 660-1300 to provide your credit card information for payment.**

PAYMENT (CHECK ONE)

- ENCLOSED
- TO BE SENT WITH ORIGINAL COPY AS APPLICATION/COMPLAINT SENT BY FAX
- CHARGE TO PRE-APPROVED ACCOUNT

METHOD OF PAYMENT (CHECK ONE)

- CHEQUE
- DEBIT CARD
- CHARGE TO PRE-APPROVED ACCOUNT
- CREDIT CARD – **Information required as follows;**

Name as it appears on credit card: _____

Phone Number of where the card holder can be reached: _____

E-Mail Address: _____

Organization Name (if applicable): _____

Please bill my **VISA** **MASTERCARD**

Fee \$ _____



Signature: _____
(Can be omitted if filing electronically)

Print Name: _____

Card Number: _____

Expiry Date - Month: _____ Year: _____

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed.