**COMPLAINT AGAINST AN ASSOCIATION OF EMPLOYEES**

**Sections 47.2 *et seq*. of the *Labour Code*, CQLR, c. C-27**

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| SECTION 1: IDENTIFICATION OF THE PARTIES | |
| COMPLAINANT | CERTIFIED ASSOCIATION |
| Mr.  Ms. Name: | Name: |
| Address: | Address: |
| City or town: | City or town: |
| Postal code: | Postal code: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| Email: | Email: |
| Job title: |  |
| EMPLOYER | ADDITIONAL INFORMATION |
| Name: |  |
| Address: |  |
| City or town: |  |
| Postal code: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

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| **SECTION 2: BREACH OF DUTY** |
| 1. When did the certified association act in bad faith, in an arbitrary or discriminatory manner, or show serious negligence in your respect?   **(year/month/day)**   1. When did you become aware of the situation?   **(year/month/day)**   1. Was a grievance filed in relation to the facts presented in this complaint?  **YES**  **NO** **If so, when?**   Please attach a copy of the grievance and the arbitration decision (as applicable).  **(year/month/day)** |

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| **SECTION 3: DESCRIPTION OF THE MEASURE TAKEN** |
| **YES NO**  **If so, when?**  **1.** Were you dismissed?  **(year/month/day)**  **2.** Were you the subject of a disciplinary sanction?  **(year/month/day)**  **3.** Was any other measure taken against you?  **(year/month/day)**  If so, describe the other measures taken against you: |

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| **SECTION 4: DESCRIPTION OF THE FACTS** |
| Describe in detail the facts supporting your complaint. |
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If necessary, continue the description on a blank sheet and attach it to this form.

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| **SECTION 5: SOLUTION SOUGHT** |
| Provide a brief description of the remedial measure that you are seeking. |
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| **SECTION 6: SIGNATURE AND DATE** |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**🡺 You must send copies of your complaint and all the related documents to the certified association and the employer. Please use a means that provides proof of transmission.**

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| SUBMIT TO AN OFFICE OF THE TRIBUNAL | | |
| Tribunal administratifdu travail  900, boul. René-Lévesque Est, 5e étage  **Québec** (Québec) G1R 6C9  Telephone: 418 643-3208  Toll-free: 1 800 361-9593  Fax: 418 643-8946  Email: [tat.quebec.vprt@tat.gouv.qc.ca](mailto:tat.quebec.vprt@tat.gouv.qc.ca)  Website: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) | **Proof of receipt**  (Please leave this space blank.) | Tribunal administratifdu travail  500, boul. René-Lévesque Ouest,  Bureau 18.200  **Montréal** (Québec) H2Z 1W7  Téléphone : 514 873-7188  Toll-free : 1 800 361-9593  Fax: 514 873-3112  Email: [tat.montreal.vprt@tat.gouv.qc.ca](mailto:tat.montreal.vprt@tat.gouv.qc.ca)  Website: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) |

**LABOUR CODE**

* 1. A certified association shall not act in bad faith or in an arbitrary or discriminatory manner or show serious negligence in respect of employees comprised in a bargaining unit represented by it, whether or not they are members.

**47.3** If an employee who has been dismissed or the subject of a disciplinary sanction or who believes he has been the victim of psychological harassment under sections 81.18 to 81.20 of the Act respecting labour standards ([chapter N‐1.1](http://legisquebec.gouv.qc.ca/en/showDoc/cs/N-1.1?&digest=)), believes that, in that respect, the certified association has contravened section 47.2, the employee must, if he wishes to rely on that section, file a complaint with and apply in writing to the Tribunal for an order directing that the employee’s claim be referred to arbitration.

**47.5** Any complaint based on section 47.2 must be made within six months of the employee becoming aware of the actions giving rise to the complaint.

If the Tribunal considers that the association has contravened section 47.2, it may authorize the employee to submit his claim to an arbitrator appointed by the Minister for decision in the manner provided for in the collective agreement, as in the case of a grievance. Sections 100 to 101.10 apply with the necessary modifications. The association shall pay the employee’s costs.

**INSTRUCTIONS**

When to file a complaint

From the time you become aware that the certified association failed in its duty to represent you**, you have six months** to file a complaint under sections 47.2 and 47.3 of the *Labour Code*.

**How to fill out the form**

You must fill out **all the sections** of the form. You must also sign and date it (Section 6), and enclose all relevant documents (disciplinary notices, letter of dismissal, copy of the grievance, arbitration decision, etc.).

**How to submit the form**

Submit your complaint to the Tribunal through our “Dépôt d’un acte introductif” online service (in French only), available at [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca), or by fax, mail, in person or by email, at the address that corresponds to your region:

* [tat.quebec.vprt@tat.gouv.qc.ca](mailto:tat.quebec.vprt@tat.gouv.qc.ca): Capitale-Nationale, Chaudière-Appalaches, Bas-Saint-Laurent, Gaspésie–Îles-de-la-Madeleine, Côte-Nord, Saguenay–Lac-Saint-Jean, Mauricie, Centre-du-Québec, Estrie, Lanaudière;
* [tat.montreal.vprt@tat.gouv.qc.ca](mailto:tat.montreal.vprt@tat.gouv.qc.ca): Montréal, Laval, Laurentides, Abitibi-Témiscamingue, Outaouais, Montérégie, Nord-du-Québec.

You must then send copies of your complaint and all the related documents to the certified association and the employer.Be sure to use a means that provides proof of transmission (notification). **Once your contestation record is open**, you can submit additional documents to the Tribunal by email or through the “Dépôt de documents en ligne” online service (in French only) available on our website.