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MLBRegistrar@gov.mb.ca | www.manitoba.ca/labour/labbrd

Section 7	or 17 of the Labour Relation	ns Act	
Applicant:			
Employer:	:		
intereste conclusi	ed parties. This information ma	y be referred to in the	e party or parties named in the application, as well as e order or reasons issued by the Board at the print and online reporting services that may publish
1. This ap	oplication is made under	Section 7 or	Section 17 of the Labour Relations Act.
2. Who do	•	air labour practice? (p	provide a list if there is more than one person) Email:
Posit	tion:		Phone:
- Inclu name - Atta	ude details. Write down what has of any witnesses. ch any documents that support	appened, when and w	is Act? Attach a separate document describing the situation. where it happened, the names of any people involved and the emails, text messages, letters or notes.  The properties of the situation of the situatio
			mitted an unfair labour practice, it can order the
	·	, ,	sting? Please select one or more from the list below.
I want the employer to hire or rehire me			I want the unfair labour practice to stop immediately
I want compensation for my loss of income or benefits		of income	I want the employer to fix the situation caused by the unfair labour practice
I want compensation up to \$2,000 (if no income or benefits were lost)		) (if no	Other: I want the employer to take the action described below to correct the consequences of the unfair labour practice
ATTACH	H: (.pdf electronic format prefer	red)	a.nan laboa. prasiiss
	Form A witnessed by a Com	nmissioner of Oaths o	or Notary Public (contact the Board for assistance)
	Documents that support you	ır claim such as ema	ills, text messages, letters, notes
Date:	Applicant Name:		

Applicant Signature: