

INCIDENT REPORT FORM

This form is to be used to report any approaches to LPN's in the workplace during working hours to sign BCNU membership cards. Failure by the employer to stop these activities is a violation of Article 5.01 of the Facilities Subsector collective agreement and the BC Labour Relations Code.

- Date and time of incident:

- Where did the incident take place?

- Please describe the incident:

- Please provide names of and contact number of witnesses (attach witness statements):

- Date and time incident reported to management:

- Name and position of management representative the incident was reported to:

- Name of HEU representative who reported incident to management:

- This report submitted by:



Please return this form and any supporting documentation to:
Máire Kirwan or Sheila Rowswell, HEU Provincial Office,
5000 North Fraser Way, Burnaby, BC V5J 5M3
1-800-663-5813 (toll-free) or 604-438-5000 (Lower Mainland)
Fax: 604-739-1510

