



Saskatchewan

Labour Relations Board

Administrative Service Review Process Administrative Complaint Form

Date:

Name of Applicant:

Organization (if any):

Address (Number):

Address (Street):

City/Town/Village:

Province/Territory:

Postal Code:

Telephone Number:

Email:

Particulars of the Administrative Issue:

Please describe the concerns you have regarding any administrative issue(s) or service level concern. Please provide sufficient detail to support a review including dates."

Signed day _____ of the month of _____, 20____

Signature of Applicant:

Forward to:

Chairperson
Saskatchewan Labour Relations Board
1600 - 1920 Broad Street
Regina, Saskatchewan
S4P 3V2
Attention: Administrative Service Review