



Workload/OH&S Complaint Form

Upon completion email or fax this form to:

Region 1
Email: cupe5111pres@sasktel.net
Fax: 306-446-2405

Region 2
Email: region2gvp@sasktel.net
Fax: 306-763-8915

Region 3
Email: Cupe5430-r3@sasktel.net
Fax: 306-757-6959

Region 4
Email: 5430region4gvp@sasktel.net
Fax: 306-842-1560

Region 5
Email: renkas4980@sasktel.net
Fax: 306-783-1398

Date: _____ Name: _____

Contact Information: _____

Facility: _____

Department: _____

Supervisor in charge: _____

Department phone number: _____

Persons not replaced: _____

Shift/hours not replaced: _____

Staff working that shift: _____

Additional comments: _____

Workload /OH&S committee member to fill out following section:

Applicable collective agreement article(s): _____

Applicable legislation: _____

Date form received: _____

Received by: _____

Action taken: _____