



Pay Equity Commission
180 Dundas St W Suite 300
Toronto On M7A 2S6
416 314-1896 or 1 800 387-8813
TTY: 416 212-3991 or 1 855 253-8333
Fax: 416 314-8741

Request for Information Represented Employee Questionnaire

File No.

Note: Please answer all questions and submit by mail or in person.
Please type or print clearly in ink. You may add additional pages if space is insufficient.

Submit this Questionnaire:

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Pay Equity Office
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1. Applicant Name

Last Name

First Name

2. Have you raised your concerns or disagreement with your union?

Yes

No

If so, who did you contact and what was the Union's response?

If you have not contacted the Union, why not?

3. Please forward any correspondence, newsletters or copies of agreements, that maybe relevant to your claim. Include any written requests/responses from the union, employer or a job evaluation committee.

4. Please provide details regarding your complaint. What do you disagree with and/or what do you believe is unreasonable or a contravention of the Pay Equity Act?

For example, if you believe that your job has been unreasonably evaluated, please explain why? What evaluations or comparisons do you disagree with and why?

If you believe that there have been significant changed duties and responsibilities for your job class and these changes have not been considered, please provide specific details as to what those changed duties and responsibilities are and indicate when you believe the changes occurred. Please list the changed and new tasks and responsibilities assigned to you.

5. Please forward any other documentation or information that you believe will clarify or support your belief that the Union and Employer have contravened the Pay Equity Act and/or have entered into an unreasonable agreement.

This information is collected under the authority of the Pay Equity Act, 1987 for the purposes of its enforcement.

For information concerning the collection and use of this information, please contact Legal Counsel, Pay Equity Office, at the following address:

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Last Name of person completing this form	First Name of person completing this form
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