



Member Issues Form

Date Received: _____

Local #

Facility/Agency

Unit/Ward

Member Reporting Issue

Name

Email

Phone

Status (PFT, TPT, etc)

Description of the Issue Raised - Capture as many details as possible including date and time of incident

Reported to:

Print name

Signature

Date

Position

Actions Taken

RESOLVED – Provide details of resolution below

Print Name

Signature

Date

Position

UNRESOLVED Practice Issue – Referred to NAC Process

UNRESOLVED LR Issue – Referred to ERO/SUN Provincial

Date Referred: _____

Date Referred: _____

Additional Notes and/or Action Taken