

# Employee Relations Committee (ERC)

ERC Committee (date submitted) \_\_\_\_\_ Worksite/Chapter \_\_\_\_\_

Location Issue/Concern Occurred \_\_\_\_\_ Time/Date \_\_\_\_\_ Shift \_\_\_\_\_

**SUMMARY OF ISSUE/CONCERN:**


Member Name (please print) \_\_\_\_\_

Member Signature \_\_\_\_\_

*\* Please provide a copy of this form to your union representative on the ERC Committee*  
*\*\* This form is NOT a substitute for the Hospital Incident Report Form*

## Alberta Union of Provincial Employees

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