

LOCAL QUESTIONNAIRE



Local Number: _____

Date of Election: _____

NAME

ADDRESS

TELEPHONE

HUMAN RIGHTS CONTACT

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

HUMAN RIGHTS CONTACT

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

HEALTH AND SAFETY CONTACT

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

LOCAL ACTION CONTACT

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

OTHER _____

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

OTHER _____

_____ (H) _____

PSAC ID _____ (O) _____

E-MAIL _____ (C) _____

Completed QUESTIONNAIRE to be returned to: UNE, 150 Isabella, Ste 900, Ottawa, ON K1S 1V7