

# Employee Management Advisory Committee (EMAC)



EMAC 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 EMAC Committee  
This form is NOT a substitute for the Hospital Incident Report Form*

- Headquarters (Edmonton)
- Athabasca
- Calgary
- Camrose
- Grande Prairie

- Lethbridge
- Medicine Hat
- Peace River
- Red Deer