

UBER DRIVER REQUEST GMB FOR ASSISTANCE



This is a confidential GMB form. We will respond to requests for help within 48 hours.

Name:			
License Number:			
Email Address:			
Mobile Number:			
Which City do you drive in?			
Uber Start Date:	Date:	Month:	Year:
Last Journey Uber App:	Date:	Time:	Year:
Are You A GMB Member?	Yes / No		
What is your GMB Membership Number?			

YOUR MESSAGE TO GMB UNION:

BY REQUESTING ASSISTANCE FROM GMB YOU CONSENT TO GMB REPRESENTATION ON YOUR BEHALF ON THIS MATTER AND YOU CONSENT TO UBER SHARING PERSONAL INFORMATION WITH GMB UNION TO HELP RESOLVE YOUR CASE