



## LABOUR STANDARDS COMPLAINT FORM

**The information on this form is collected under the authority of the *Labour Standards Act*. A copy of this summary form may be provided to the employer to assist labour services to fully and fairly investigate your labour complaint filed under the *Labour Standards Act*.**

<b>Section A : EMPLOYER INFORMATION (Print Please)</b>			
NAME OF EMPLOYER: (NAME OF COMPANY OR BUSINESS)			
EMPLOYER ADDRESS:		TELEPHONE	FAX
		(    )	(    )
		(    )	(    )
TYPE OF BUSINESS:		EMPLOYMENT LOCATION:	
IMMEDIATE SUPERVISOR:		MANAGER or OWNER:	
DATES OF EMPLOYMENT		START DATE:	END DATE:
		DD / MM / YYYY	DD / MM / YYYY
ARE YOU STILL EMPLOYED WITH EMPLOYER?		YES	NO
<b>Section B : PERSONAL INFORMATION (Print Please)</b>			
FIRST NAME:		MIDDLE INITIAL:	LAST NAME:
YOUR JOB TITLE:		RATE OF PAY:	
HOW OFTEN WERE YOU PAID?	DAILY	WEEKLY	BI-WEEKLY      OTHER:
HOURS OF WORK PER DAY:		NUMBER OF DAYS WORKED PER WEEK:	
HOURS WORKED PER WEEK:			
DO YOU HAVE A RECORD OF THE HOURS WORKED FOR THIS EMPLOYER: <small>(IF YES, PLEASE ATTACH COPIES OF RECORDS TO THIS FORM)</small>		YES	NO
ARE YOU COVERED BY A COLLECTIVE AGREEMENT? (UNION CONTRACT)		YES	NO
<b>Section C : IDENTIFY YOUR WAGE COMPLAINT (Print Please)</b>			
WAGES:	REGULAR:	OVERTIME:	VACATION PAY:
GENERAL HOLIDAY PAY:	TERMINATION PAY:		OTHER:
<b>***PROVIDE DETAILS ON SEPARATE PAGE***</b>			
PRINT NAME:	SIGNATURE:		DATE:



## LABOUR STANDARDS COMPLAINT FORM ATTACHMENT

### COMPLAINT CONTACT INFORMATION

<b>FIRST NAME:</b>	<b>INITIAL:</b>	<b>LAST NAME:</b>
<b>MAILING ADDRESS:</b>		
<b>TEL #'s: (    )</b>		<b>FAX: (    )</b>
<b>Email:</b>		
<b>Please ensure that the attached <i>Complaint Form</i> is completely filled out and signed. If it is not completed in detail, the investigation of your complaint may be delayed.</b>		

**To assist in the investigation, please provide the following information in addition to the data requested on the attached complaint form.**

- If you did not maintain a daily list of the hours you worked each day, please give the average number of hours you worked each day.

\_\_\_\_\_ Hours per day

\_\_\_\_\_ Hours per week

Did your pay rate change at any time during your employment?	<b>Yes</b>	or	<b>No</b>
▪ If yes, please give details:			
<b>GENERAL COMMENTS ON YOUR SPECIFIC WAGE COMPLAINT ISSUES LISTED ON ATTACHED COMPLAINT FORM.          USE BACK OF THIS PAGE IF NECESSARY (ADD ADDITIONAL NOTES ON SEPARATE PAPER)</b>			

Please sign, date and return with the complaint form:

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_