

# Employment Standards Complaint Form

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EMPLOYER INFORMATIONEMPLOYEE INFORMATIONAUTHORIZATIONEMPLOYMENT DETAILSWHAT DO YOU BELIEVE YOU ARE OWED?COMPLAINT DETAILS

## Employer Information

Business Name

Mailing Address

City

Province

Manitoba

Country

Canada

Postal/Zip Code

A1A 1A1

☐ Different Work Location

Contact Person

E.g. Manager or Supervisor

Telephone

XXX-XXX-XXXX

Email

john@example.ca

Is your employer still in business?

Yes

No

Is your employer bankrupt or in receivership?

Yes

No

Type of Business

E.g. retail, hospitality, manufacturing, etc.

Name and location of the bank or credit union the employer uses

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## Employee Information

Last Name

First Name

Mailing Address

City

Province

Country

Postal/Zip Code

Phone Number

Email

Are you covered by a collective agreement?

☐

Yes

☐

No

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## Authorization

If you authorize anyone to act on your behalf, please provide:

Name

Phone Number

Email

☐

I authorize the above mentioned party to obtain, share, release and discuss personal information related to my Employment Standards claim.

If you will be using an interpreter, please provide:

Name

Phone Number

Email

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# Employment Details

Job Title

Do you work in the construction industry?

- ☐ Yes
- ☐ No

Start Date

YYYY-MM-DD

Do you still work for this employer?

- ☐ Yes
- ☐ No

Rate of pay

\$

Pay Type

- ☐ Hourly
- ☐ Salary
- ☐ Piece Rate
- ☐ Commission

Do the hours you work vary each week?

- ☐ Yes
- ☐ No

How often were you paid?

- ☐ Daily
- ☐ Weekly
- ☐ Twice a month
- ☐ Every two weeks
- ☐ Other

Do you have records of the hours worked for this employer that are relevant to your claim? (e.g. paycheque, pay stubs, record of employment, timesheets/calendar, employment contracts, etc.)

- ☐ Yes
- ☐ No

Keep a copy of any records you have. You will be asked to provide them when an officer contacts you.

Employment status

- ☐ Still employed
- ☐ Quit
- ☐ Fired
- ☐ Laid off
- ☐ Not sure

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## Type of Wage owed

- ☐ Regular wages
- ☐ Overtime
- ☐ Vacation pay
- ☐ General Holiday pay
- ☐ Unauthorized deductions
- ☐ Commissions
- ☐ Protected leave
- ☐ Wages in Lieu of Notice
- ☐ Other

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## Complaint Details

Please keep this section to a maximum of 4000 characters (approximately 800 words)

### Important

Please print a copy of this form for your records *before* clicking submit.

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PRINT

SUBMIT