

Employment Standards Complaint Form



Employer Information

Business Name

Mailing Address

City

Province

Country

Postal/Zip Code

Different Work Location

Contact Person

Telephone

Email

Is your employer still in business?

- Yes
 No

Is your employer bankrupt or in receivership?

- Yes
 No

Type of Business

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

NEXT

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

PREVIOUS

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Employment Details

Job Title

Do you work in the construction industry?

- Yes
 No

Start Date

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.

PREVIOUS

PRINT

SUBMIT