



COMPLAINT FORM – LABOUR DEPARTMENT

I understand the following:

- I. I must provide a detailed account of my complaint and all relevant documentation.
- II. An investigating officer will assess the facts from both my evidence and my employer’s evidence. I may be required to meet with the investigating officer separately and/or jointly with my employer. I will be expected to state the facts and may be asked to present witnesses to verify information provided. If a settlement cannot be achieved within 30 days, the Labour Commissioner will refer the matter to the Minister of Natural Resources & Labour for further evaluation.

Please give your details:

Mr. Mrs. Miss Ms. Other: _____

First Name: _____ Surname: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ NHI No.: _____

Mailing Address: _____

Email: _____

Telephone (Home): _____ Telephone (Cell): _____

Please give details of the employer whom this complaint is being brought:

Name: _____

Company Name: _____

Address: _____

Telephone: _____

Email: _____

Your job title: _____

Start date: _____ End date: _____

Please give details of your complaint. If there is not enough space, please continue on a separate sheet and attach it to this form.

What are you seeking?
<input type="checkbox"/> Reinstatement (work in the same job as before)
<input type="checkbox"/> Re-engagement (work in the company, different job)
<input type="checkbox"/> Compensation (to get an award of money)

Please give the number of normal basic hours worked each week:	
What is your pay period:	
Gross wage or salary:	
Average take home pay:	

Documents to assist your complaint: *(check all that apply)*

- Pay Slips
- Employment Contract
- Work Permit
- Termination Letter
- Employee Handbook
- Written Warnings
- Correspondence from Employer
- Other information *(please describe below)*

Please provide copies of the documents checked above with this form.

If you have already retained representation, please give the personal details of your representative:	
Name:	
Address:	
Phone:	Fax:
Email:	
Signed:	Date:

I declare that the information provided is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____