



# DISPUTE CLAIM FORM

## DEPARTMENT OF LABOUR & WORKFORCE DEVELOPMENT

### 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 for Natural Resources, Labour & Immigration 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.**

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

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

**To assist with your complaint, please provide copies of the following documents** *(check all that apply):*

- |  |  |
|--|--|
| <input type="checkbox"/> Pay Slips                           | <input type="checkbox"/> Written Warnings  |
| <input type="checkbox"/> Employment Contract                 | <input type="checkbox"/> Correspondence from Employer  |
| <input type="checkbox"/> Work Permit <i>(if applicable)*</i> | <input type="checkbox"/> Government-issued ID (BVI passport, Belonger card, BVI driver's license, NHI card, etc.)* |
| <input type="checkbox"/> Termination OR Resignation Letter   | <input type="checkbox"/> Other information <i>(please describe below)</i>  |
| <input type="checkbox"/> Employee Handbook                   |  |

**\*must be submitted.**

<b>If you have already retained representation, please give the personal details of your representative:</b>	
Name:	
Address:	
Phone:	Fax:
Email:	

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

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