



Ministry of Labour, Citizens' Services and Open Government
Employment Standards Branch

Complaint and Information Form

For office use only:

Office	
ESI Date	
ER No.	
Assign No.	
EE No.	
D. Assig.	
Officer	

Date Stamp Here

Before the Employment Standards Branch takes any action on your complaint, you must complete the SELF-HELP KIT. It is available from any Employment Standards Office and on the Internet at www.labour.gov.bc.ca/esb. Except under very unusual circumstances, the Branch will not process complaints unless the SELF-HELP KIT has been used.

Please indicate which statement applies before continuing.

- I have used the Employment Standards self-help kit and the problem has not been resolved.
- I have been advised by the Employment Standards Branch not to use the self-help kit for the following reason.

- I am within one month of the six-month time limit for filing an employment standards complaint. If I do not contact the Employment Standards Branch within 30 days to confirm I have used the self-help kit, the Director of Employment Standards will consider my complaint withdrawn. I am aware that my complaint will not be reviewed during this time.

The Information on this form is collected under the authority of the *Employment Standards Act*. The information provided will be used to process your complaint against an employer with respect to wages or any other matter you have specified.

You must give us your complaint no later than six months after the end of your employment with this employer; or, if your complaint concerns ss.8, 10 or 11 of the Act, we must receive your complaint no later than six months after the date of the alleged contravention. Questions about the collection and use of this information, contact the Director of Employment Standards, Ministry of Labour, PO Box 9570 Stn Prov Govt, Victoria BC V8W 9K1. Telephone: 250 387-3300.

PLEASE PRINT CLEARLY - COMPLETE BOTH PAGES

SECTION A: INFORMATION ABOUT YOUR EMPLOYER			
Name of Employer (name of company or business):			
Street address of employer:	City/town and province:	Postal Code:	
Mailing address of employer:	City/town and province:	Postal Code:	
Telephone number: ()	Fax number: ()	Type of Business:	
Employer's Email address:			
Name of your supervisor:	Name and home phone number of owner: ()		
Address of place where you worked if different from above:		Is your employer bankrupt or in receivership? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your employer still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, when did your employer go out of business?		
Employer's bank:	Employer's bank branch:		
SECTION B: INFORMATION ABOUT YOU			
Your last name:	Your first or given name:	Middle Initial(s)	Social Insurance Number:
Your mailing address:	City/town:	Postal Code:	
Your home phone number: ()	A phone number where a message can be left: ()	Your fax number (if you have one): ()	
Date of Birth:	Email address:	Are you in BC under a Foreign Worker Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you covered by a collective agreement (union contract)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Union's Name:			

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SECTION C: YOUR WORK HISTORY WITH THIS EMPLOYER			
Your job title:	Date you started work for this employer:	Last day you worked for this employer:	
Your rate of pay:	<input type="checkbox"/> Still employed <input type="checkbox"/> Quit <input type="checkbox"/> Other* <input type="checkbox"/> Fired <input type="checkbox"/> Laid off *Please explain below.		
Are your hours of work regular? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hours worked per day:	Number of days worked per week:	Total hours per week:
How often were you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Other: _____			
Do you have a record of the hours worked for this employer that are relevant to your claim? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach records to this form. <i>Attach a photocopy of your pay cheque, pay statements, Record of Employment, if available.</i>			

WHAT DO YOU BELIEVE YOU ARE OWED?

	DATE	DATE	<u>ESTIMATED AMOUNTS</u>
<input type="checkbox"/> Regular Wages	From	To	
<input type="checkbox"/> Overtime	From	To	
<input type="checkbox"/> Annual Vacation Pay	From	To	
<input type="checkbox"/> Statutory Holiday Pay	Specify Dates:		
<input type="checkbox"/> Deductions from wages	Specify Dates:		
<input type="checkbox"/> NSF Cheques (Attach original, or copies if available)			
<input type="checkbox"/> Pregnancy/Parental/or Other Leave			
<input type="checkbox"/> Compensation for Length of Service (sometimes called Termination Pay)			
<input type="checkbox"/> Other (Specify):			
ESTIMATED TOTAL			

SECTION D: DETAILS OF YOUR COMPLAINT: (Please note this part of the form may be made available to your employer.)

use additional pages if necessary

Please Note: In order to process your complaint as quickly as possible, attach all available information relating to your claim - i.e. copies of your cheque stubs, daily time records, and your Record of Employment. For us to contact you for information, investigate your complaint, or pay money that we may collect for you, it is important that you tell us about any changes in your mailing address or telephone number. You should also be aware that, once **a decision has been made and a determination issued regarding your complaint, no further action should be taken by you to enforce your claim without the written consent of the Director of Employment Standards.**

I, _____ certify that all information I am providing is true and correct to the best of my knowledge, and I agree to my name being used in an investigation, mediation or adjudication.	
_____ Signature	_____ Date