

Complete all parts of this form and return it to the Labour Standards Division within six months of the incident.

**1 Give the employment information**

You are the:  employee  employer

Employee occupation/title: \_\_\_\_\_

Employee's first day of work for this employer (dd/mm/yyyy): \_\_\_\_\_

If no longer working for this employer, employee's last day of work (dd/mm/yyyy): \_\_\_\_\_

Hourly wage or annual salary: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Is this a union position:  yes  no If yes, what union? \_\_\_\_\_

**• Employee information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

**• Employer information**

Business name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Contact person: Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax number \_\_\_\_\_

**2 Tell us about your complaint**

Describe your complaint in detail. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 Tell us about your claim

Are you claiming money?

yes How much money do you claim? \_\_\_\_\_

For what period is this money owed? From (dd/mm/yyyy): \_\_\_\_\_ To (dd/mm/yyyy): \_\_\_\_\_

no What results do you want from the complaint process? \_\_\_\_\_

Have you taken legal action against your employer/employee, such as small claims court?  yes  no

### 4 Attach documents to support your complaint

If you have documents and records to support your complaint, such as pay stubs or work schedules, please attach copies to the form.

### 5 Sign the complaint and certification

I certify that all information provided on this form is true and correct to the best of my knowledge.

I understand that all information about this complaint may be shared with me and my employer or employee.

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

### 6 Send the form to us within six months of the incident

**Labour Standards Division**

5151 Terminal Rd, 7th floor

PO Box 697

Halifax, Nova Scotia B3J 2T8

or fax it to: (902) 424-0648

**Questions?** Call (902) 424-4311 or 1-888-315-0110 (toll free)

*If your concerns involve occupational health and safety, contact the Occupational Health and Safety Division at 424-5400 or toll free at 1-800-952-2687. File your complaint within 30 days of the incident.*