



EMPLOYEE COMPLAINT REGISTRATION FORM

IDENTIFICATION DATA:

Name of Complainant: _____

Home Address: _____

Since (dd-mm-yy): _____

Mailing Address: _____

(If different from above) _____

Home Phone Number: () _____

Work Phone Number: () _____

Social Insurance Number: _____

Name of Employer/Payer: _____

Type of Business: _____

Number of Employees: _____

Is this your current employer? Yes _____ No _____

Business Address: _____

Business Phone Number: () _____

Residence Address: _____

(if different than the business address) _____

Residence Phone Number: () _____

EMPLOYER CONTACT:

Important: You are expected to have made a reasonable effort to contact and/or resolve your complaint with the employer in question. Provide details as requested below.

Date Contact Made	Method of Contact	Person Contacted (Position)

Additional Comments: _____

(Attach additional sheets as required.)