

Employment Standards Formal Complaint Form

Business Information

Name of employer, company, or business: _____

Address: _____
Box/Suite Street Number City Province Postal Code

Head office address (if different than above): _____

Box/Suite Street Number City Province Postal Code

Phone: _____ Fax: _____

E-mail (optional): _____

Name of supervisor: _____ Position: _____

Work/Site Location (if different than above): _____

Type of Business: _____

Is employer still in business? Yes No

Where does the employer bank: _____

Employee Information

Salutation: Mr. Mrs. Miss Ms.

Full name: _____

Date of birth (dd/mm/yyyy): _____ Phone: _____

Address: _____
Box/Suite Street Number City Province Postal Code

E-mail (optional): _____

Alternate contact person name: _____

Phone: _____

Are you: Still Employed Fired Quit Laid-off

Job title: _____

First day of work (dd/mm/yyyy): _____ Last day of work (dd/mm/yyyy): _____

Salary/hourly rate of pay: \$ _____

If paid by the mile or by a percentage of the load, commission, etc. please describe: _____

Number of days worked per week: _____ Number of hours worked per week: _____

Other: _____

Type of pay period: Daily Every Two Weeks Monthly
 Weekly Twice a Month Other: _____

Do you have relevant records to support your claim? Yes No

If **YES**, list records and **ATTACH** photocopies to this form:

Pay Stub Letter(s) Record of Employment (ROE) Timesheet(s)/Calendar

Other: _____

What is the nature of your complaint:

Check all that apply	Dates (dd/mmm/yyyy)		Estimated Amount Owing
<input type="checkbox"/> Regular Wages	From:	To:	\$
<input type="checkbox"/> Overtime	From:	To:	\$
<input type="checkbox"/> Annual Vacation Pay	From:	To:	\$
<input type="checkbox"/> Public Holiday Pay	Specify dates:		
<input type="checkbox"/> Pay instead of Notice	Specify:		
<input type="checkbox"/> Maternity/Parental/Adoption	Specify:		
<input type="checkbox"/> Illness/Injury	Specify:		
<input type="checkbox"/> Deductions from Wages	Specify:		
<input type="checkbox"/> Other	Specify:		
Estimated Total			\$

Details of the complaint (attach any additional information to the form): _____

If covered by a Union Contract, what is the name of the Union: _____

Union representative: _____ Phone: _____

Was this Complaint made to another Government Agency? Yes No

If yes, explain: _____

Employee Declaration, Consent, and Signature

I, _____
(Print name and title of employee)

- Certify the information submitted is true and complete to the best of my knowledge and I understand that **any person who makes a false or misleading statement in this complaint form with the intent to deceive, is guilty of an offence under *The Saskatchewan Employment Act*.**
- Am not proceeding with any other action to secure payment for my claim.
- Will inform the Employment Standards Division of any change to my address, phone number or email.
- Will inform the Employment Standards Division of any payment or settlement I receive from the employer or any other source that applies to my claim.
- Understand the Employment Standards Division may provide a complete copy of this complaint form to the employer about whom I am complaining. Any other information I provide, now and during the course of the investigation, may be shared with this employer.
- Consent to the transfer of my complaint to another Canadian employment standards office if necessary.
- Consent to the Employment Standards Division making wage collection efforts on my behalf, which may include obtaining and sharing information and representing my claim with trustees or receivers, including in situations involving the Federal Wage Earner Protection Program.
- Consent to the collection of personal information as defined by *The Freedom Of Information and Protection of Privacy Act* for use and disclosure in matters pertaining to the investigation and resolution of my claim.

X _____
Signature of Employee

Date (dd/mm/yyyy)

Please drop off, mail, or fax this form and all correspondence to the Employment Standards District Office closest to you. Visit saskatchewan.ca for a full list of Employment Standards District Offices.

FOR OFFICE USE ONLY

Received by: Mail In-person Fax Interview

X _____
Signature of Employment Standards Representative

Date received (dd/mm/yyyy)

Referred to: _____