

# Employment Standards Anonymous Complaint Form

**All of the information provided below will be kept anonymous.**

## 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: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Work/Site Location (if different than above): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Is employer still in business? ☐ Yes ☐ No

How many employees are employed by the employer: \_\_\_\_\_

## Employee Information (will be kept anonymous)

Salutation: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Full name: \_\_\_\_\_

Address: \_\_\_\_\_  
Box/Suite      Street Number      City      Province      Postal Code

Phone: \_\_\_\_\_

Are you: ☐ Still Employed ☐ Fired ☐ Quit ☐ Laid-off

Job title: \_\_\_\_\_

First day of work (dd/mm/yyyy): \_\_\_\_\_

Type of complaint:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Regular wages          | <input type="checkbox"/> Work schedules | <input type="checkbox"/> Overtime         | <input type="checkbox"/> Periods of rest     |
| <input type="checkbox"/> Public holiday pay     | <input type="checkbox"/> Meal breaks    | <input type="checkbox"/> Payroll records  | <input type="checkbox"/> Annual vacation pay |
| <input type="checkbox"/> Pay instead of notice  | <input type="checkbox"/> Pay stubs      | <input type="checkbox"/> Minimum call-out |  |
| <input type="checkbox"/> Payroll administration | <input type="checkbox"/> Other: _____   |   |  |

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 and Signature (optional)

By this submission, I am certifying that the information submitted above is true and correct to the best of my knowledge and belief. I have provided all supporting documents.

X \_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (dd/mm/yyyy)

Please drop off or mail this form and all correspondence to the Employment Standards District Office closest to you, or fax it to (306)798-8001. Visit [saskatchewan.ca](http://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: \_\_\_\_\_