

# 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:

- Regular wages       Work schedules       Overtime       Periods of rest  
 Public holiday pay       Meal breaks       Payroll records       Annual vacation pay  
 Pay instead of notice       Pay stubs       Minimum call-out  
 Payroll administration       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: \_\_\_\_\_