

COMPLAINT FORM – MONETARY AND NON-MONETARY

Canada Labour Code, Part III (Labour Standards)

FOR INTERNAL USE ONLY	

BEFORE FILING A COMPLAINT

 A monetary complaint must be filed within 6 months from the last day on which the employer was required to pay wages or other amounts owed.

If your **monetary complaint** allegations are founded and the Labour Program is required to issue a payment order for wages or other amounts owed, the retroactivity limitation period for the payment order cannot exceed:

- o 24 months prior to the date the complaint is received if currently employed, or
- 24 months prior to the date of termination of employment, if employment was terminated prior to the filing of the complaint
- A non-monetary complaint must be filed within 6 months from the day on which the subject-matter of the complaint arose.
- · Before completing this form, please review the Filing a Complaint web page and consult the list of federally regulated industries.
- For more information on <u>federal labour standards</u>, please visit: https://www.canada.ca/en/services/jobs/workplace/federal-labour-standards.html or call toll free 1-800-641-4049, Teletypewriter (TTY) users 1-800-926-9105.
- · Send the completed form to the nearest Labour Program Office.

SECTION A - YOUR PERSONAL AND WORK INFORMATION							
Last/Family name		First/Given na	First/Given name		Middle initial		
Mailing address (number, street, apartment, PO box, rural route)							
City/Town		Province/Territory		Postal code	Telephone		
Telephone (alternate)	Job title				Temporary foreign worker?		
				○ Ye	Yes No		
First day of work (YYYY-MM-DD) Last day worked (if		Last day worked (if ap	pplicable) (YYYY-MM-DD)		Still employed		
Did you provide the employer with documents stating that an internship fulfils the requirements of an education program? No (Go to section B)							
Start date of internship (YYY	YY-MM-DD)		End date of internship (YYYY-MM-DD)				
Attach student internship schedule (if applicable)							
SECTION B - EMPLO	YER INFORMATION						
Full legal name of employer, company or business Industry or business type							
Is this business operating under another name? Yes (provide the name) No							
Your workplace address (number, street, apartment, PO box, rural route)							
City/Town Province		Province/Territory	Province/Territory		Postal code		



PROTECTED B WHEN COMPLETED

Employer's contact person	Title	Те		Telephone	
Employer's business or mailing address (if different from above) (number, street, apartment, PO box, rural route, city/town, province/territory, postal code)					
Employer's business or mailing address (if diffe	erent from above) (number, street	, apartment, PO	box, rural route, cit	ty/town, prov	/ince/territory, postal code)
Is the employer still in business?	Yes (Go to section C)	No (Comple			
If no, specify: Bankruptcy	Closed its doors Other		Da	ite (YYYY-M	M-DD)
If other, specify:					
SECTION C - MONETARY COMPLA	INT ALLEGATIONS				
A monetary complaint must be filed within 6	months from the last day on v	which the emplo	oyer was required	to pay wag	es or other amounts owed.
Do you have records (e.g. pay statement, time s	sheets, time records, etc.)?	Yes (if y	ves, provide copies)) (No (Complete below)
If no, why not?					
Did you submit a claim to the employer for reim	bursement of expenses?	Yes (provide	copies) Date	claim submi	tted (YYYY-MM-DD)
) No			
		ours worked per	Regular pay	/ day	Date of last pay
р	per week w	eek	0 1 7		(YYYY-MM-DD)
Daily Weekly	y Every two weel	vs	Twice per month		
Pay frequency:	specify:		rwice per month		
J. Worlding Carlot,	Period(s) covered by this	Period(s) o	overed by this		
Standard	complaint (attach extra pages, if needed)	complaint (att	ach extra pages, eeded)		Estimated amount
Standard	,		,		Limateu amount
Unpaid wages	From (YYYY-MM-DD):	10 (111	Y-MM-DD):	\$	
Overtime pay				\$	
Vacation pay				\$	
General holiday pay				\$	
Termination pay (2 weeks' notice -				Ψ	
completed 3 consecutive months of continuous employment)				\$	
Severance pay (completed 12 consecutive months of continuous				\$	
employment)				Ψ	
Medical leave with pay				\$	
Personal leave with pay				\$	
Bereavement leave with pay				\$	
Leave for victims of family violence with pay				\$	
Reimbursement of work-related expenses, specify:				\$	
				Φ	
Unauthorized deductions, specify:				c	
				\$	
Other, specify:				\$	
				Ψ	
		Estimated	total amount	\$	

SECTION D - NON-MONETARY COMPLAINT ALLEGATIONS						
A non-monetary complaint must be filed within 6 m	onths from the day on	vhich the subject-m	atter of th	ne complaint arose	9.	
Maternity-related reassignment Res	ervist leave		Medical	leave		
Maternity leave Ber	eavement leave		Work-re	elated illness and inj	ury	
Parental leave Lea	ve related to critical illnes	s [Pay stat	tements		
Compassionate care leave Lea	ve related to death or dis	appearance	Leave fo	or traditional Aborig	inal practices	
Personal leave Lea	ve for victims of family vic	lence	Flexible	work arrangements	S	
Leave for court or jury duty	aks			er collecting or usin written consent	g your genetic test results	
Statement of employment conditions			William	William Contoon		
Other (Please specify):						
Do you have records? Yes (if yes, provid	e copies)	No (Complete be	low)			
If no, why?						
Date(s), full name and details of event(s) (provide e	xtra pages, if more spa	e is needed):				
Date (YYYY-MM-DD)						
Details:						
SECTION E - MEMBER OF A GROUP OF	EMPLOYEES SUB.	ECT TO A COLI	ECTIVI	E AGREEMEN	Г	
Were you covered by a collective agreement when the	event(s), resulting in this	complaint, occurred?				
O Yes (Complete below) (No (Go to section	on F)			
Provide full union's name and local						
Did you file a grievance related to the same event(s)?	Yes () No			I	
Name of union representative					Telephone	
SECTION F - REPRESENTATION BY A LE	EGAL COUNSEL O	R ANOTHER IND	IVIDUA	L (e.a. spouse	. common-law	
SECTION F - REPRESENTATION BY A LEGAL COUNSEL OR ANOTHER INDIVIDUAL (e.g. spouse, common-law partner, other family member or friend)						
Are you represented by a legal counsel or another indi-	vidual?	Yes (Complete	Part A or	Part B)	No (Go to section G)	
Part A – Representation by a legal counsel						
Full legal counsel's name						
Name of the law firm (if applicable)						
Complete address (number, street, apartment, PO box, rural route) and telephone						
Part B – Representation by another individual (who is not a legal counsel) e.g. spouse, common-law partner, other family member or friend.						
Authorized person's last/family name Authorized person's first/given name Authorized person's first/given name						
Address (number, street, apartment, PO box, rural rout	e)					
Access (names), succe, apartment, 1 O box, fural four	5 ,					
City/Town	Province/Territory			Postal Code	Telephone	

SECTION G - ELIGIBILITY FOR AN EXTENSION OF TIME TO FILE A COMPLAINT You may be eligible for an extension of time to file a complaint if you: filed a complaint with another government official, or · filed a previous complaint that was incomplete or contained an error If one or more of these criteria apply to you, complete the relevant section(s) below (section i and/ or ii). If they do not apply to you, go to section H. i) COMPLAINT FILED WITH ANOTHER GOVERNMENT OFFICIAL Another government agency may include: a provincial or territorial government, a Human Rights Commission, a Workers Compensation Board or a federal official that you believe had the authority to deal with the complaint. If you filed a monetary and/or non-monetary complaint with another government official that had no authority to deal with the complaint, an extension of time to file such complaint with the federal Labour Program may be allowed if you: · filed a complaint related to unpaid wages or other amounts owed within 6 months from the last day the employer was required to pay these amounts, and/or · filed a complaint related to a non-monetary violation within 6 months from the day on which the subject-matter of the complaint arose Did you file a monetary and/or non-monetary complaint with another government Yes (Complete below) No (Go to section ii) official? If yes, with which government official? If yes, was the monetary and/or non-monetary complaint filed with the other government official during the time-period required? Yes (Complete below) No (Go to section ii) If yes, date you filed your complaint with the other government official (YYYY-MM-DD): ii) FILED A PREVIOUS COMPLAINT THAT WAS INCOMPLETE OR CONTAINED AN ERROR The 6-month deadline for filing a monetary or non-monetary complaint may be extended if you filed a previous complaint within the 6-month statutory time limit that was withdrawn because it was incomplete or contained an error. For more information on filing a monetary or non-monetary complaint, visit the Filing a complaint web page. Was your initial monetary or non-monetary complaint incomplete or did it contain an error? No (Go to section H) Yes

If yes, was the monetary or non-monetary complaint filed with the Labour Program during the time-period required?

No (Go to section H)

If yes, provide the date you filed the complaint with the Labour Program (YYYY-MM-DD):

() Yes

SECTION H - RESTRICTION ON FILING MULTIPLE COMPLAINTS FOR SUBSTANTIALLY THE SAME FACTS (Subsections 251.01(3.1) and 251.01(4) of the Canada Labour Code (Code)) This complaint cannot be filed if a genetic testing complaint (247.98 of the Code), a reprisal complaint (246.1(1) of the Code) or an unjust dismissal complaint (240(1) of the Code) has already been filed, that is based on substantially the same facts, unless that complaint has been withdrawn. Despite what is written above, a monetary and/or non-monetary complaint may be filed if it relates only to the payment of your wages or other amounts to which you are entitled, including amounts further to a group termination, an individual termination or severance pay. The monetary and/or non-monetary complaint will be suspended until the day on which the genetic testing complaint, reprisal complaint or unjust dismissal complaint, as the case may be, is withdrawn or resolved. As such, Did you file a reprisal complaint with the Canada Industrial Relations Board (CIRB)? Yes () No If yes, provide the date you filed your complaint (YYYY-MM-DD): Did you file an unjust dismissal complaint with the Labour Program?) Yes If yes, provide the date you filed your complaint (YYYY-MM-DD): Did you file a genetic testing complaint with the Labour Program? Yes If yes, provide the date you filed your complaint (YYYY-MM-DD): SECTION I - CONFIDENTIAL COMPLAINT Under section 260 of the Canada Labour Code, you may request that the Labour Program protect your identity while investigating this complaint. However, confidentiality cannot be maintained if: (a) the disclosure is necessary for the purposes of a prosecution (b) the Head of Compliance and Enforcement determines that the disclosure is in the public interest, or (c) the Labour Program determines that the disclosure is necessary for the investigation of the complaint to be carried out and the complainant consents to the disclosure in writing If as per (c) above, if the complainant refuses to grant consent for disclosure, the complaint is deemed withdrawn. Withholding your information from the employer, however, may limit the ability to facilitate and expedite the processing of this complaint. For more information regarding this, please contact the Labour Program. I request that my identity be withheld from my employer for the investigation of this complaint

Date (YYYY-MM-DD):

Initials:

SECTION J - PRIVACY NOTICE						
Your personal information is administered in accordance with the <u>Canada Labour Co</u> access to, your personal information, which is described in Personal Information Ban outlined by the <u>Treasury Board of Canada Secretariat</u> (https://www.canada.ca/en/treainformation/information-about-programs-information-holdings.html).	k # HRSDC PPU 0 0 6. Instructions for ob	taining this information are				
The information you provide may be used and/or disclosed for policy analysis, resear of your personal information will never result in an administrative decision being mad		ditional uses and/or disclosures				
If your complaint results in a decision from the Canada Industrial Relations Board, thi	s decision and your identity may be made	available to the public.				
Is the employer aware of your address and telephone number as indicated on this complaint form?	Yes (Go to section K)	No (Complete below)				
If no, do you allow the Labour Program to share the address and telephone null complaint investigation?	mber with the employer or its represent	ative during the course of the				
Yes, I allow the Labour Program to share my address and telephone number	er with the employer or its representative.					
No, I do not allow the Labour Program to share my address and telephone	number with the employer or its representa	ative.				
SECTION K - SIGNATURE OF THE COMPLAINT FORM						
BY THE COMPLAINANT (NO REPRESENTATION)						
I (complainant) certify that the information given on this form is, to the best of my kno	wledge, true and correct.					
Complainant	Signature	Date (YYYY-MM-DD)				
BY A LEGAL COUNSEL OR ANOTHER AUTHORIZED INDIVIDUA	AL					
I (authorized person*/legal counsel) certify that the information given on this form is,	to the best of my knowledge, true and corr	rect.				
authorized person*/legal counsel	Signature	Date (YYYY-MM-DD)				
*IMPORTANT: The authorized person (who is not a legal couns	el) must retain a proxy and atta	ch such document to				
this form. The complaint will be considered officially filed at the Labour Program the date the proxy is provided.						
SECTION L - REMEMBER TO						
Sign and date the form						
Complete all applicable sections						
Enclose clear copies of all documents in support of your comp	laint such as:					
Pay statements						
Employment contract						
Complainant records						
Other (e.g., photographs, drawings or diagrams)						

Important - The complainant named in this document is making a complaint in writing to the Labour Program, pursuant to section 251.01, because the complainant believes that the employer has contravened one or more provisions of the *Canada Labour Code*, Part III, and/or of the regulations made under that Part. The investigation into this complaint is not limited to the provisions identified in this document but may include any provision of the *Canada Labour Code*, Part III and/or of the regulations made under that Part.

FOR INTERNAL USE ONLY								
Received date (YYYY-MM-DD):								
Name of receiving official		Received via (Check one) In person Mail Fax Other						
Forwarded to (district office) ILS Case No.:		Date acknowledgement letter of receipt sent to complainant (YYYY-MM-DD):						
FOR OFFICE USE ONLY - EXTENSION C	FOR OFFICE USE ONLY - EXTENSION OF TIME TO FILE A COMPLAINT							
Complaints related to unpaid wages or other amounts owed (monetary) must be filed within 6 months from the last day the employer was required to pay these amounts.								
Complaints related to a non-monetary labour stan complaint arose.	dard violation must be filed within 6 m	onths from the day on which the	he subject-matter of the					
Extension – An extension of time to file a complaint is	applicable when a:							
complaint was filed within the period established authority to deal with the complaint and the pers			nment) who had no					
complaint based on substantially the same facts incomplete or contained an error	was previously filed within the 6-month	statutory time limit and it was with	ndrawn because it was					
DECISION OF THE REGIONAL MANAGE	R							
By the power delegated to me by the Head of Com complaint because I am satisfied that a:	pliance and Enforcement, I extend the	period of time to file a moneta	ary and/or non-monetary					
complaint was filed within the prescribed perio making the complaint believed the official had	that authority							
complaint based on substantially the same fact incomplete or contained an error	ts was previously filed within the 6-month	n statutory time limit and it was wi	ithdrawn because it was					
The date extended is the date that the present con								
Name of the Regional Manager	Signatu	ire	Date (YYYY-MM-DD)					
Extension of time is not granted								
Name of the Regional Manager	Signatu	ıre	Date (YYYY-MM-DD)					
Comments								
Continued								