

## OVERVIEW

**Employers must pay wages according to [B.C. employment standards](#).** Additionally, a variety of concerns are covered by the Temporary Foreign Worker Protection Act. You can ask us to resolve concerns about an employer or recruiter by submitting a complaint.

This process can take several months. We might be able to resolve your concerns by [starting an investigation](#). Your concerns may be shared with the employer.

**Not every work issue, workplace or type of work is covered by employment standards.**

You can [find out if B.C. employment standards apply](#) to your work situation.

## BEFORE YOU START

### Gather your documents

Any of the following documents you can provide will help resolve your concerns:

- T4 income slip
- Record of Employment
- Pay cheques, pay stubs or statements of wages
- Employment contracts or agreements
- Work schedules or timesheets
- Other documents with details about your complaint or calculations

### Provide as much information as possible

Have copies of your documents available. Prepare any additional details to help process your complaint.

#### Part 1 – About the employee

- Information and contact details about the employee
- If the complaint is not about a specific employee skip this part

#### Part 2 – About the employer(s)

- Information and contact details about the employer(s)

#### Part 3 – About your work

- Information about your work such as start and end dates, wage rate and job description
- If the complaint is not about a specific employee skip this part

#### Part 4 – About your concern

- Details about the concerns, the amount you think is owed and potential resolution

#### Part 5 – About the representative or third party

- Skip this part if you do not have a representative
- If you're filing on behalf of someone or the complaint is not about a specific employee, provide your information

## KNOW THE TIME LIMIT

Under the Employment Standards Act:

**Working for the same employer.** Issues will be reviewed from up to one year before the date your complaint is received. You can ask that your complaint be kept confidential to protect your working relationship with your employer.

**Not working for the same employer.** You must file your complaint within six months of your last day of work or the last day of your temporary layoff. Issues from the last year of your employment will be reviewed.

Under the Temporary Foreign Worker Protection Act, a complaint must be submitted within 2 years of the date of the alleged contravention.

## SUBMIT YOUR COMPLAINT

**For fast processing, we recommend submitting an online complaint form** found at:

[services.labour.gov.bc.ca/Complaints](https://services.labour.gov.bc.ca/Complaints)

You will receive an automatic email that confirms your submission.

You can also submit this application package by:

Mail: Employment Standards Branch  
PO Box 9570 Stn Prov Govt  
Victoria, BC V8W 9K1

Toll-free fax: 1-855-490-0476

Email: [EmploymentStandards@esb.gov.bc.ca](mailto:EmploymentStandards@esb.gov.bc.ca)

Need help filling out this form? Get help in the language of your choice. Call toll-free **1-833-236-3700**.



PART 1 – ABOUT THE EMPLOYEE

If you're completing this form on behalf of a specific employee (including yourself), enter that person's information on this page. Skip this part if the complaint is not about a specific employee.

<b>A – NAME</b>		
GIVEN NAME	MIDDLE NAME (if applicable)	FAMILY NAME
OTHER KNOWN OR USED NAMES (optional)		PREFERENCE FOR BEING ADDRESSED (optional)
<b>B – CONTACT INFORMATION</b>		
EMAIL ADDRESS <input type="checkbox"/> I do not have an email address		TELEPHONE NUMBER
STREET ADDRESS <input type="checkbox"/> I do not have an address		
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)		CITY
PROVINCE/STATE/REGION	POSTAL/ZIP CODE	COUNTRY
<b>C – ADDITIONAL INFORMATION</b>		
Are you <b>under 19 years of age</b> ? <input type="checkbox"/> Yes, I am under 19 <input type="checkbox"/> No		DATE OF BIRTH (if under 19) yy / mm / dd
Do you consent to share your contact information with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>We can keep your contact information private. For example, you may not want to share a new phone number or address if the employer does not have your current information. If you want your name to remain confidential, you must tell us when you fill out the details about your concern.</i>		
Do you identify yourself as First Nations, Métis or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
Do you require special accommodations?		
<input type="checkbox"/> Trouble understanding English		
<input type="checkbox"/> Visual impairment		
<input type="checkbox"/> Hearing impairment		
<input type="checkbox"/> Other special accommodations (please describe below):		



PART 2 – ABOUT THE EMPLOYER(S)

We need to contact the employer to resolve your concerns. We also need to know details about the business and employment circumstances. If multiple employers are involved, you can copy this page and fill it out for each employer.

<b>A – EMPLOYER INFORMATION</b>		
BUSINESS NAME <i>(Legal name printed on T4 statement, Record of Employment or wage statement)</i>		
OPERATING NAME(S)		
What does this business do?		
Do any of the following apply? <i>(check all that apply)</i>		
<input type="checkbox"/> The business is closed	<input type="checkbox"/> The business is for sale or was sold	<input type="checkbox"/> The employer has financial difficulties
<input type="checkbox"/> You worked for, or were paid by more than 1 business	<input type="checkbox"/> You were treated like an independent contractor	
Does this employer provide housing or accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B – MAILING ADDRESS</b>		
STREET ADDRESS		
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)		CITY
PROVINCE/STATE/REGION	POSTAL/ZIP CODE	COUNTRY
<b>C – WORK LOCATION</b> <i>(If different from mailing address)</i>		
STREET ADDRESS		
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)		CITY
PROVINCE/STATE/REGION	POSTAL/ZIP CODE	COUNTRY
<b>D – CONTACT PERSON</b>		
Do you know anyone we could contact at the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This could be someone like a supervisor, a manager or the owner of the business.</i>		
GIVEN NAME	FAMILY NAME	ROLE <i>(For example: manager or owner)</i>
EMAIL ADDRESS		TELEPHONE NUMBER



PART 3 – ABOUT THE WORK

If you're completing this form on behalf of a specific employee (including yourself), enter that person's work information on this page. Skip this part if the complaint is not about a specific employee.

<b>A – FOREIGN WORKER</b>	
Are you a foreign worker? <input type="checkbox"/> Yes, I am a foreign worker <input type="checkbox"/> No, I am a Canadian citizen or permanent resident	
<i>Foreign workers are individuals who are not Canadian citizens or permanent residents. Foreign workers have additional protections under the Temporary Foreign Worker Protection Act.</i>	
Which foreign worker program was used to hire you?	
<b>B – START DATE AND ROLE</b>	
Did you perform any work for your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
START DATE  yyyy / mm / dd	ROLE AND RESPONSIBILITIES
Are you still working for your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unsure	
<b>C – WAGES</b>	
RATE OF PAY (For example: "\$16 an hour" or "\$800 per month")	How many hours a week did you work on average? <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> Between 20 and 40 hours <input type="checkbox"/> More than 40 hours
Were you paid less than minimum wage? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you paid? <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> E-transfer <input type="checkbox"/> Other
Did you receive wage statements (pay stubs) from your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D – END DATE AND REASON</b>	
What was your last day of work for your employer? (If you don't know the exact date, give an approximate date)	
yyyy / mm / dd	
If you're no longer working for your employer, why did you leave? <input type="checkbox"/> I quit <input type="checkbox"/> I was laid off <input type="checkbox"/> Other (please describe): <input type="checkbox"/> I was fired <input type="checkbox"/> The job was seasonal	
Please describe what happened:	
<b>E – UNION</b>	
Did you belong to a union when working for your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unsure	
UNION NAME	



PART 4 – ABOUT YOUR CONCERN

Please tell us about the situation. We know that this might be difficult to talk about, but it will help us get a better understanding of your situation. The more detail you provide us, the easier it will be for us to investigate and resolve your complaint.

A –SITUATION

What is your concern about? (Select all that apply)

- Getting paid for work
- Getting fired, laid off or quitting
- Vacation or statutory holiday pay
- Deductions from wages, expenses, or gratuities
- Taking or returning from a leave
- Passports and official documents
- Fees for work
- Threats (such as deportation)
- Other (please describe):

In your own words, describe the situation or attach a separate document:

How long has this been an issue, or when did it happen?



**B – RESOLUTION**

How would you like this to be resolved?

Do you have an estimate of what you are owed?

Yes

No

If you answered "Yes" above, how much do you estimate you are owed? *(You don't need to consider taxes or other deductions)*

To help us understand your concerns, tell us anything else you think we should know about your situation:



PART 5 – ABOUT THE REPRESENTATIVE OR THIRD PARTY

Complete this part if:

- You have someone to help or represent you
- You are completing this form for someone else
- Your complaint is not about a specific employee

<b>A – NAME</b>		
Is the complaint for more than one person?		<input type="checkbox"/> Yes <input type="checkbox"/> No
GIVEN NAME	MIDDLE NAME <i>(if applicable)</i>	FAMILY NAME
OTHER KNOWN OR USED NAMES <i>(optional)</i>		PREFERENCE FOR BEING ADDRESSED <i>(optional)</i>
<b>B – CONTACT INFORMATION</b>		
EMAIL ADDRESS <input type="checkbox"/> No email address		TELEPHONE NUMBER
STREET ADDRESS <input type="checkbox"/> No address		
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)		CITY
PROVINCE/STATE/REGION	POSTAL/ZIP CODE	COUNTRY
<b>C – RELATIONSHIP</b>		
Describe the nature of the representative or third party's relationship <i>(For example: lawyer, friend, family member)</i> :		