



Employment Standards Branch



COMPLAINT FORM

For office use only:

Office	
ER No.	
Assign No.	
EE No.	

Date Stamp Here

Before the Employment Standards Branch takes any action on your complaint, you must complete the SELF-HELP KIT. It is available from any Employment Standards office and online at www.gov.bc.ca/EmploymentStandards

Please indicate which statement applies before continuing.

- I have used the self-help kit and the problem has not been resolved.
- I have been advised by the Employment Standards Branch not to use the self-help kit for the following reason.
- I am within one month of the six-month time limit for filing a complaint. I understand I must still use the self-help kit.

The information on this form is collected under the authority of the *Employment Standards Act* (the "Act"). The information provided will be used to resolve your complaint and to determine if there were any contraventions of the Act. You must file your complaint no later than six months after the end of your employment. If you are still employed or your complaint concerns sections 8, 10 or 11 of the Act, you must give us your complaint no later than six months after the date of the alleged contravention. Your personal information is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The information you provide may be disclosed to provincial and federal authorities for the purposes of law enforcement and jurisdiction, and may also be shared with third parties for the purpose of investigating your complaint.

If you have questions about the collection and use of this information, contact the Employment Standards Branch:
 PO Box 9570 Stn Prov Govt Victoria BC V8W 9K1 Telephone: 1-800-663-3316

SECTION A: INFORMATION ABOUT YOUR EMPLOYER			
Legal Name (proprietor, business, or company)			
Operating As (if applicable)			
Mailing Address	City	Province	Postal Code
Work Location Address (if different from above)	City	Province	Postal Code
Phone Number	Contact Person (e.g. manager or supervisor), provide phone / email		
Email Address	Name of Owner, provide phone / email		
Is your employer still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, when did your employer go out of business?			
Is your employer bankrupt or in receivership? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Type of Business	Employer's Bank / Branch:		

SECTION B: INFORMATION ABOUT YOU			
Last Name	First Name	Middle Initial	
Mailing Address	City	Province	Postal Code
Primary Phone Number	Alternate Phone Number	Email Address	
Are you under the age of 19? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you covered by a collective agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide union's name:	

SECTION C: AUTHORIZATION		
If you authorize anyone to act on your behalf, please provide:		
Name: _____	Phone: _____	Email: _____
If you will be using an interpreter, please provide:		
Name: _____	Phone: _____	Email: _____

