

# Employment Standards Formal Complaint Form

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

E-mail: \_\_\_\_\_

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

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

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

Is employer still in business?  Yes  No

Where does the employer bank: \_\_\_\_\_

## Employee Information

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

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-mail (optional): \_\_\_\_\_

Alternate contact person name: \_\_\_\_\_

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

Are you:  Still Employed  Fired  Quit  Laid-off

Are you a foreign worker?  Yes  No

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

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

Salary/hourly rate of pay: \$ \_\_\_\_\_

If paid by the mile or by a percentage of the load, commission, etc. please describe: \_\_\_\_\_

Number of days worked per week: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Other: \_\_\_\_\_

Type of pay period:  Daily  Every Two Weeks  Monthly  
 Weekly  Twice a Month  Other: \_\_\_\_\_

Do you have relevant records to support your claim?  Yes  No

If **YES**, list records and **ATTACH** photocopies to this form:

Pay Stub  Letter(s)  Record of Employment (ROE)  Timesheet(s)/Calendar

Other: \_\_\_\_\_

What is the nature of your complaint:

| Check all that apply                                     | Dates (dd/mmm/yyyy) |     | Estimated Amount Owing |
|--|---------------------|-----|------------------------|
| <input type="checkbox"/> Regular Wages                   | From:               | To: | \$                     |
| <input type="checkbox"/> Overtime                        | From:               | To: | \$                     |
| <input type="checkbox"/> Annual Vacation Pay             | From:               | To: | \$                     |
| <input type="checkbox"/> Public Holiday Pay              | Specify dates:      |     |                        |
| <input type="checkbox"/> Pay instead of Notice           | Specify:            |     |                        |
| <input type="checkbox"/> Maternity/Parental/<br>Adoption | Specify:            |     |                        |
| <input type="checkbox"/> Illness/Injury                  | Specify:            |     |                        |
| <input type="checkbox"/> Deductions from Wages           | Specify:            |     |                        |
| <input type="checkbox"/> Other                           | Specify:            |     |                        |
| <b>Estimated Total</b>                                   |                     |     | \$                     |

Details of the complaint (attach any additional information to the form): \_\_\_\_\_

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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, Consent, and Signature

I, \_\_\_\_\_  
(Print name and title of employee)

- Certify the information submitted is true and complete to the best of my knowledge and I understand that **any person who makes a false or misleading statement in this complaint form with the intent to deceive, is guilty of an offence under *The Saskatchewan Employment Act*.**
- Am not proceeding with any other action to secure payment for my claim.
- Will inform the Employment Standards Division of any change to my address, phone number or email.
- Will inform the Employment Standards Division of any payment or settlement I receive from the employer or any other source that applies to my claim.
- Understand the Employment Standards Division may provide a complete copy of this complaint form to the employer about whom I am complaining. Any other information I provide, now and during the course of the investigation, may be shared with this employer.
- Consent to the transfer of my complaint to another Canadian employment standards office if necessary.
- Consent to the Employment Standards Division making wage collection efforts on my behalf, which may include obtaining and sharing information and representing my claim with trustees or receivers, including in situations involving the Federal Wage Earner Protection Program.
- Consent to the collection of personal information as defined by *The Freedom Of Information and Protection of Privacy Act* for use and disclosure in matters pertaining to the investigation and resolution of my claim.

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

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

Please drop off, mail, or fax this form and all correspondence to the Employment Standards District Office closest to you. 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: \_\_\_\_\_