

# FWRISA

## Formal Complaint Form

### Employer 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 (optional): \_\_\_\_\_

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

Work/site location (if different than above): \_\_\_\_\_

Type of business: \_\_\_\_\_

Is employer still in business?  Yes  No

### Employee/Foreign National Information

**If you wish to remain anonymous please leave this section blank**

Salutation:  Mr.  Mrs.  Miss  Ms.

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

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

Address: \_\_\_\_\_  
Box/suite                      Street number                      City                      Province                      Postal code

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

Are you:  Still employed  Fired  Quit  Laid-off

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

Contract with immigration consultant and/or recruiter

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

## Immigration Consultant/Foreign Worker Recruiter 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 (optional): \_\_\_\_\_

Amount paid for services: \_\_\_\_\_

## Complaint

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/Foreign National Declaration, Consent, and Signature

I, \_\_\_\_\_  
(Print name of employee/foreign national)

- Certify the information submitted is true and complete to the best of my knowledge.
- Am not proceeding with any other action to secure payment for my claim.
- Will inform the Ministry of Immigration and Career Training of any change to my address, phone number or email.
- Will inform the Ministry of Immigration and Career Training of any payment or settlement I receive from the employer or any other source that applies to my claim.
- Understand the Ministry of Immigration and Career Training 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 Ministry of Immigration and Career Training 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.

\_\_\_\_\_  
Signature of employee

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

Please drop off, mail, or fax this form and all correspondence to the Ministry of Immigration and Career Training.

### FOR OFFICE USE ONLY

Received by:  Mail  In-person  Fax  Interview

\_\_\_\_\_  
Signature of Immigration and Career Training representative

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

Referred to: \_\_\_\_\_