



EMPLOYMENT STANDARDS ACT
COMPLAINT INFORMATION

Your name	I am the: <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Neither
Is this a third party complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the best way to contact you? _____	
Would you like this complaint to remain confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the employment covered by a collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which collective agreement? _____	

Fill out the remaining form with as much detail as possible.

Employer information			
Name of employer		Name of business if different from employer	
Name of owner of the business		Contact information for owner	
Mailing address		City/town	Prov./terr. Postal code
Address of worksite		City/town	Prov./terr. Postal code
Business phone	Fax	Cell	Email/website
What product or service does the employer provide?		Name of manager/supervisor	

Employee information			
Name of employee			
Mailing address		City/town	Prov./terr. Postal code
Home phone	Cell	Email	

Employment information		
What work does/did the employee do?	Date employee started working YYYY/MM/DD	Date employee stopped working YYYY/MM/DD
If the employment ended, indicate whether the employee: <input type="checkbox"/> Quit <input type="checkbox"/> Was fired <input type="checkbox"/> Was laid off		
Wage rate paid at date of termination: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other. Explain: _____		
Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		

How many hours of work per day? _____	Is there an averaging agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours of work per week? _____	If yes, attach copy

Is the employment part of a Yukon government tendered construction project? Yes No
If yes, what is the name of the project? And is the employee a certified journeyman or registered apprentice?

Claim information

Complaint category	Date from	Date to	Estimated amount
<input type="checkbox"/> Regular wages	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> Overtime	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> Vacation pay	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> General holiday pay	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> Termination pay (period of employment)	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> Unauthorized deduction/set-off	YYYY/MM/DD	YYYY/MM/DD	
<input type="checkbox"/> Other	YYYY/MM/DD	YYYY/MM/DD	

Claim details – refer to tip sheet for a guideline of information needed in this section

If you require more space, attach additional sheets.

Are all relevant documents (ex pay stubs, wage statements, or work records) attached? Yes No

If no, submit to the Employment Standards Office.

Declaration

- I certify the information submitted is true and complete to the best of my knowledge.
- I agree to promptly inform Employment Standards of any change of address or phone number, partial payment(s) or settlement(s).
- In the event of bankruptcy, I authorize Employment Standards to share my claim information with the Wage Earner Protection Program, administered by the Government of Canada.

Signature of employee: _____ Date: _____

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and the *Employment Standards Act*. It will be used for the purposes of these acts and their regulations. For further information about the collection of this information, contact the Employment Standards Office, Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5944, or by email at employmentstandards@gov.yk.ca