

SUMMARY OF PROCEDURE AND DECLARATION WITH RESPECT TO COMPLAINTS PURSUANT TO THE EMPLOYMENT ACT 2000

Please use CAPITALS and PRINT		Date Received at DWD:	
		Case number:	
Please tick boxes where appropriate		LRO Initials:	

I understand the following:

- I. I must provide a detailed account of my complaint and all relevant documentation.

- II. The assigned Inspector will investigate the facts from both my evidence and my employer's evidence. An attempt will be made to assist the parties to reach a mutually acceptable resolution through mediation. Should there be evidence that suggests that the employer is in breach of the Employment Act 2000 and no settlement has been reached, the Inspector will refer the matter to the Employment Tribunal.

Please give your details

Mr. Mrs. Miss. Ms. Other _____

First Name(s):	
Surname:	
Date of Birth:	
Social Ins. No.:	
Address:	
Email:	
Telephone: (H)	
(C)	
Other	

Please give details below of the employer against whom this complaint is being brought:

Name:	
Company Name:	
Address:	
Telephone:	
Email:	

Give your employment title:

Please give the details of your employment:

Start date:	End date:
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Please give details of your complaint. If there is not enough space, please continue on a separate sheet and attach it to this form.

What are you seeking: I. Reinstatement <input type="checkbox"/> (work in the same job as before) II. Re-engagement <input type="checkbox"/> (work in the company, different job) III. Compensation <input type="checkbox"/> (to get an award of money)	Please give the number of normal basic hours worked each week:	
	What is your pay period:	
	Gross wage or salary:	
	Average take home pay:	

Documents to assist your complaint: **Check all that apply.**

Pay advice slips <input type="checkbox"/>	Written Warnings <input type="checkbox"/>
Employment Contract <input type="checkbox"/>	Correspondence from Employer <input type="checkbox"/>
Work Permit <input type="checkbox"/>	Other Information (describe below)
Termination Letter <input type="checkbox"/>	_____
Employee Handbook <input type="checkbox"/>	_____

Before submitting this form please ensure you leave attached copies of the documents checked above.

If you are represented, please give the personal details of your representative:	
Name:	
Address:	
Phone/Fax:	
Email:	
Signed:	Date:

I declare that the foregoing information I have given is true and accurate to the best of knowledge information and belief.

Signature: _____

Received by: _____

Date: _____