

COMPLAINT FORM

6264-04E (12/15)

Please complete this form and send to: Department of Post-Secondary Education, Training and Labour – Employment Standards Branch, P.O. Box 6000, Fredericton, NB, E3B 5H1; or fax at 1(506) 453-3806; or email to employmentstandards@gnb.ca.

Section A – Information about you

Last name		First or given name	
Mailing address		Place and province	Postal code
Home phone no.	Other phone no.	Fax no.	Email

Include at least one phone number.

Section B – Your work history with your employer

(if applicable)

Occupation		Start date (YYYY-MM-DD)	End date (YYYY-MM-DD)
<input type="checkbox"/> Still Employed	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	<input type="checkbox"/> Laid Off
Employment status			
\$	Rate of pay	Specify: hourly, salary, commission, etc.	Days worked per week
			Hours worked per week
			Regular pay day (m-t-w-t-f...)
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly
			<input type="checkbox"/> Monthly
Pay period			

Section C – Information about this employer

Name of employer, company or business		Type of business	Still operating?	
Employer's mailing address		Place and province	Postal code	
Name of contact person		Position of contact person		
Business phone no.	Other phone no.	Fax no.	Email	

Section D - Nature of complaint

When applicable, include an estimated amount owed.

<input type="checkbox"/> Minimum wage	\$	<input type="checkbox"/> Termination pay	\$
<input type="checkbox"/> Minimum wage overtime	\$	<input type="checkbox"/> Notice of termination / Pay in lieu of	\$
<input type="checkbox"/> Prompt payment / Unpaid wages	\$	<input type="checkbox"/> Tips & gratuities	\$
<input type="checkbox"/> Unauthorized deductions	\$	<input type="checkbox"/> Vacation / Vacation pay	\$
<input type="checkbox"/> Paid public holiday	\$	<input type="checkbox"/> Maternity / Child care leave	

Other nature of complaint (please specify)

Section E - Details of complaint

Was this complaint discussed with your employer?

 Yes

 No

If yes, please add details in your statement below.

In your own words provide below a brief yet precise statement of your complaint. Use additional sheets if necessary.

Do you have records to support your complaint? e.g., pay stubs, record of employment, etc

 Yes

 No

If yes, please specify and/or include photocopies with this form.

Are you covered by a collective agreement?

 Yes

 No

In dealing with your complaint, do you give us permission to disclose your name?

 Yes

 No

 By checking this box, I certify that all information provided is true and correct to the best of my knowledge.
Signature or name of complainant (required to proceed with complaint)

Date (YYYY-MM-DD)

When complaint form is printed, your signature must be added, otherwise type in your name when sending via e-mail.

For office use only

<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> Walk-in
Filed date (YYYY-MM-DD)	Taken by	Received via	
Complaint #	Assigned to	Assigned on (YYYY-MM-DD)	STAMP DATE