## **Employment Standards**

Complainant: Please ensure that the attached complaint form is completely filled out. If it is not completed in detail, the investigation of your complaint may be delayed.

In order to assist in the investigation of your complaint, please provide the following information in addition to the data requested on the complaint form:

Do you object to	o a copy of your co	omplaint form bein	g given to the emp	oloyer shown o	on the form?
☐ YES	□ NO				
Do you object to	being telephoned	at the work numb	er shown on the co	omplaint form	?
☐ YES	□ NO				
Do you object to	o having any monic	es you owe your e	mployer deducted	from your wag	ges?
☐ YES	□ NO				
If you did not me hours worked:	aintain a daily list	of the hours you v	vorked each day, p	lease give the	average number of
	hours per day	I			
	hours per we	ek			
	te change at any tir			ES 🔲	NO If yes, please give
Please sign, date	e and return with th	ne complaint form			
Name (Please p	rint)	Signature		Date	

## **Disclosure of Personal Information**

Information collected by Employment Standards is collected for the purpose of assisting Employment Standards employees in processing complaints received by this office. This information is also entered onto the Labour Information Management System (LIMS)

If a decision of the Employment Standards Officer is appealed to an Adjudicator, a copy of all collected information is disclosed to the Adjudicator. No other information will be shared outside of the Employment Standards office without consent.