



Northwest Territories

# COMPLAINT BY EMPLOYEE

\* Note: If you have already started a court action, you cannot file a complaint with Employment Standards for the same matter.

Have you discussed complaint with Employer?    Yes    No (If "NO" do so before submitting complaint) If	
"Yes" - explain result: _____	
With whom did you discuss?	Position/Title:
Reason employer will not pay:	

### EMPLOYER INFORMATION

1. Name of Business:			3. Supervisor Name:		
2. Street Address:			4. City:		
5. Terr./Prov.:	6. Postal Code:	7. Phone #:	8. Fax #:	9. Email:	
10. Type of Business:		11. Hired by:	12. Who set rate of pay?		
13. General Contractor and Project:					
14. Employer Bank Info (Name of Bank):			15. Bank Address		
16. Does this company conduct business using any other name(s)?    Yes    No If "Yes" write names: _____					

### EMPLOYEE INFORMATION

Circle one:    **Ms**                      **Mrs**                      **Mr.**

17. Last name:		First name:		18. SIN No.:	
19. Address:				20. City:	
21. Terr./Prov.:	22. Postal Code:	23. Phone #(H):	Phone #(W):	24. Email:	
19A. Alternate Address		23A. Phone #(Alternate)		Date of Birth:	

### EMPLOYEE'S WORK HISTORY WITH THIS EMPLOYER

25. Position title:		26. Location of work:		31. Pay period:		Rate of pay:							
27. First day of work:                      DD/MM/YY		28. Last day of work:                      DD/MM/YY		Weekly		Per hour							
29. Date notice of termination was received:                      DD/MM/YY		30. Was the notice                      written                      verbal		Bi-weekly		Per week							
32. Still employed by above employer?    Yes    No If "No" - Quit    Fired    Laid off		33. Did you keep records of hours worked?    Yes    No If "Yes" attach records		Twice a month		Per month							
34. Are you covered by a Collective Bargaining Agreement? Yes    No    If "Yes" state which organization, union etc.													
35. Usual hours of work:													
Sun.	hrs.	Mon.	hrs.	Tue.	hrs.	Wed.	hrs.	Thu.	hrs.	Fri.	hrs.	Sat.	hrs.
36. How were you paid? (attach copy of pay statement) Per hour    Salary    Contract    Piece work    Other (state)								37. If salary, how is/was it calculated?					
38. Do you owe any monies to employer? Yes    No    If "Yes" state amount and explain:													
39. Have you ever been previously employed by this employer in the NWT? Yes    No    If "Yes" give dates:													

### DETAILS ABOUT YOUR CLAIM

40. Indicate whether claim refers to:				
Regular pay	Overtime	Vacation	Statutory holiday pay	Pregnancy/Parental Leave
Termination pay	Unlawful deduction	Other (explain): _____		

### CLAIM DETAILS - Please print

Please use the space below to explain why you are making this claim, and what you are claiming. If you require more space attach additional sheets of paper.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION** - Please be advised that in order to investigate your claim and to maintain contact with you for information, or payment of monies, it is **important** that **you** update this office with your current address and phone number. I certify that the information submitted is true and correct to the best of my knowledge.

Name - please print	<b>X</b> Signature	Date - dd/mm/yy
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<b>Office Use Only</b>	Receiving Officer:	Assigned to:	File #:
	Date Claim Received: DD/MM/YY	Date: DD/MM/YY	

**Submit Claim To:**  
**Employment Standards**  
 Box 1320  
 Yellowknife, NT X1A 2L9  
 Phone: (867)767-9351 Option 3  
 Fax: (867) 873-0483