Reset

New Nouveau Brunswick

6264-04E (02/05)

Department of Post-Secondary Education and Training
Employment Standards Branch

COMPLAINT FORM

(Formulaire disponible en français) **Case #**

Please complete this form and send it to us either by fax at 1-(506)-453-3806 or by mail at The Department of Post-Secondary Education and Training, Employment Standards Branch, P.O. Box 6000, Fredericton, N.B., E3B 5H1

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. | E-Mail

Do you want your name to remain confidential? ☐ Yes ☐ No Initial _____

Section B INFORMATION ABOUT YOUR EMPLOYER

Name of Employer, Company or Business | Type of Business

Employer's Mailing Address | Place and Province | Postal Code

Name of Contact person | Contact type | Business Phone no. | Other Phone no. | Fax no.

Section C YOUR WORK HISTORY WITH THIS EMPLOYER

Occupation | Employed from | Employed to

☐ Still Employed ☐ Quit ☐ Fired ☐ Laid Off

$

Pay Rate (Please specify, Hourly, Salary, Commission, Bonus, etc.)

☐ Daily ☐ Weekly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Monthly

Pay Period

For office use only

Filed Date | Taken by | ☐ E-Mail ☐ Fax ☐ Letter ☐ Phone ☐ Walk-in

Please specify

Assigned to | Assigned on

STAMP DATE

SECTION D NATURE OF COMPLAINT

☐ Termination Pay	☐ Minimum Wage	☐ Weekly Rest Period
☐ Notice of Termination / Pay in lieu of	☐ Minimum Overtime	☐ Sunday Work
☐ Vacation	☐ Maternity / Child Care Leave	☐ Rules of payment
☐ Paid Public Holiday	☐ Sick Leave	☐ Other (specify)
☐ Unauthorized Deductions	☐ Family Responsibility Leave	_____

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 relevant information to support your complaint?	☐ Yes	☐ No
If yes, please include photocopies. Example; Record of Employment, pay stubs, correspondence, contract of employment, working conditions, etc.		

Are you covered by a collective agreement?	☐ Yes	☐ No
If yes, which union*:* If yes, have you attempted to grieve this matter?	Representative name*:*	

I certify that all information provided is true and correct to the best of my knowledge.

Signature of Complainant _____ Date _____

Top