

| EMPLOYER INFORMATION               | EMPLOYEE INFORMATION  |
|------------------------------------|---|
| Business name _____                | Name _____  |
| Legal name _____                   | Address _____   |
| Address _____<br>Postal code _____ | Postal code _____   |
| Work telephone _____               | Work telephone _____  |
| Home telephone _____               | Home telephone _____  |
| Owner _____                        | Social Insurance Number _____   |
| Type of business _____             | Birthdate (y/m/d) _____   |
|                                    | Confidential <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | Third party <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| EMPLOYMENT INFORMATION   |                                    |
|--|------------------------------------|
| Employed as _____  | Work location _____                |
| First day worked _____   | Last day worked _____              |
| Average days worked per week _____   | Average hours worked per day _____ |
| Rate of pay _____  | Any changes in the rate? _____     |
| Pay period _____   | Hired by _____                     |
| Do you have a record of your hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who does? _____   |                                    |
| Are you still working? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you receive or give written notice? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |
| Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    |
| Did you receive: ► wage statements <input type="checkbox"/> Yes <input type="checkbox"/> No final pay <input type="checkbox"/> Yes <input type="checkbox"/> No record of employment <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |

| COMPLAINT CATEGORY   |
|--|
| <input type="checkbox"/> regular pay <input type="checkbox"/> final pay <input type="checkbox"/> overtime pay <input type="checkbox"/> minimum wage<br><input type="checkbox"/> general holiday (statutory) pay <input type="checkbox"/> notice of termination <input type="checkbox"/> vacation pay (4%) <input type="checkbox"/> other _____ |
| Please provide details on reverse.   |
| Have you discussed your complaint with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the results of this discussion?   |
| _____  |
| _____  |
| _____  |
| _____  |
| _____  |
| Do you owe your employer any money? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.  |
| _____  |
| _____  |

|  |
|--|
| I certify that the information I have supplied is correct to the best of my knowledge. |
| Dated at _____ this _____ day of _____, 20 _____<br>(city, village, town)              |
| Claimant _____ Witness _____   |

|                            |
|----------------------------|
| <b>For office use only</b> |
| File number _____          |

