

# **Appeal Form**

Form 2

# Complete and return within 10 days of receipt of a Labour Standards decision.

# Section A: Employee Information

Full Name			
Address		Town/City	Postal Code
Home Telephone No.	Other Telephone No.	Fax. No. <i>(if available)</i>	E-mail <i>(if available)</i>

#### Section B: Employer Information

Business Name/Employers Name		Contact Name (if applicable)/Position		
Address		Town/City	Postal Code	
Home Telephone No.	Business Telephone No.	Fax No.		

I am the  $\Box$  employee  $\Box$  employer

# Section C: Type of Appeal

I am appealing: (please check the appropriate box)					
	an Order of the Director of Labour Standards, dismissing my complaint				
	Also provide	1. A copy of the Director's Order			
		2. Any other documents relating to your appeal or complaint			
		e Director of Labour Standards, ordering monies paid 1. A copy of the Director's Order 2. Any other documents relating to your appeal or complaint			
		n the Labour Standards Division, not to proceed with my complaint 1. A copy of the letter stating decision not to proceed			
	because one n	nonth has elapsed since I made my initial complaint and no decision has been made			

# Section D: Additional Information relating to your appeal

Nature of Complaint						
-			🗅 Compassi	Compassionate Care Leave		
Pregnancy/Parental Leave						
Termination of Employment	Bereavement and			5		
□ Other						
Date of alleged violation of the Labour S		/	_/			
			dd	mm	уу	
Date the complaint was filed with the Labour Standards Division			dd	/	_/	
				mm	уу	
Date you received Director's Order or decision of the Labour Standards Division				/	_/ yy	
Describe your reasons for appealing (U	lse additional pages if nec	essarv)				
	, , , , , , , , , , , , , , , , , , , ,					
L cortify that all information provided in	true and correct to the ba	ot of my knowledge				
I certify that all information provided is	titue and correct to the De	si oi illy kilowieuge.				
		, of				
signa	ture	,		city/town	,	
	this	d	ay of		, 20 .	
province		day	·	month	,	
Submit to:		or Fax to:				
Labour Standards Tribunal		(902) 424-1744				
5151 Terminal Road						

5151 Terminal Road 7th floor PO Box 697 Halifax, NS B3J 2T8

For more information call 424-6730