

Occupational Health and Safety Division EMPLOYEE DISCRIMINATORY ACTION COMPLAINT

Form #503 Date issued: 01/06 Form Revision date: 09/06 Approved by: Jim LeBlanc, Director

Signature

Pursuant to SECTION 46 of the Occupational Health and Safety Act COMPLAINANT INFORMATION (Please Print) YOUR NAME: TELEPHONE NUMBER(S):_____ ADDRESS: POSITION: EMPLOYER / UNION INFORMATION (Please Print) COMPANY/UNION NAME: COMPANY/UNION ADDRESS: COMPANY/UNION TELEPHONE NUMBER(S): SUPERVISOR'S NAME: LOCATION OF INCIDENT: _____ COMPLAINT (Please Print) _____, am making a complaint under the *Occupational Health and* Safety Act that my employer/union on (date) ____ has failed to pay wages, salary, or a benefit entitlement relating to (check ✓ appropriate box): time taken for Joint Occupational Health & Safety Committee or Health & Safety Representative activities (meetings, training, functions); time taken to observe workplace Occupational Health & Safety monitoring or measurements; time taken to accompany an officer as a result of a work refusal; time off while on work refusal and not reassigned to other duties; time spent with an officer during a workplace inspection; or has done or threatened to do any of the following actions - dismissal, layoff, suspension, demotion, job or location transfer, change in work hours, coercion, intimidation, any discipline, reprimand or penalty, including a reduction of wages, salary or other benefits, because I acted in compliance with the Act, it's regulations, or an officer's directions/orders The facts of this complaint are as follows (be as complete as possible - additional pages may be used):

Date

Filling out the Employee Discriminatory Action Complaint Form

- This form must be filled out and received by an Officer of the Occupational Health and Safety Division of the Department of Environment and Labour within 30 days of the incident on which this complaint is based on. If the complaint is not received within the 30 days there is no possible remedy under the Occupational Health and Safety Act.
- 2 The completed form should be sent to the appropriate Occupational Health and Safety Division office as indicated below.
- 3 Please print or write in a legible manner.
- 4 Complainant box (first box) fill in your contact information full name, phone number where you may be reached, address, and the position you hold or held at work.
- 5 Employer/Union Information box (second box) fill in your union / employer contact information employer/company name, address of company, company phone number, supervisor name. Note: indicate the location where the incident occurred at.
- 6 Complaint box (third box) check one, or more, of the boxes which apply to your incident.
 These boxes correspond to the sections in the Act where discriminatory action applies.
 - 6.1 Facts of Complaint relate, in as detailed a manner as possible, what occurred and why you are alleging a discriminatory action complaint. Points that may be useful:
 - 6.1.1 write a draft so that you may organize your thoughts and events, and ensure all the relevant information is noted
 - 6.1.2 organize the incident in chronological (time) order
 - 6.1.3 questions to answer: what happened? when? did anything occur prior to the incident (is there a history)? what did you do? what did the supervisor/employer do? are there witnesses to the incident?
 - 6.1.4 try using point form, rather than paragraph, to describe the incident that lead to the complaint

Discriminatory Action Process

Once a complaint is received, and it is within the 30 day time frame, an Occupational Health and Safety Officer will investigate the complaint. The complainant will be contacted and interviewed. The Officer will also contact any other persons necessary to make a determination. NOTE: the process is "transparent" - information given to the Officer will be shared - each party will have the opportunity to respond to the information submitted by the other.

Once the Officer is satisfied that all information has been received they will make a determination whether there has been a violation of the Act. If a violation has occurred an order will be issued to the employer specifying the provision of the Act that has been contravened and the remedy. If there are no grounds to issue an order, the officer will notify the parties.

An Officer's order may be appealed by the complainant or the employer. The appeal must be filed in writing, to the Director of Occupational Health and Safety, within 14 days of having been served with the order or decision. An appeal form can be found at http://www.gov.ns.ca/enla/healthandsafety/forms.asp or call 424-5400 (Halifax) or 1-800-9LABOUR [1-800-952-2687].

The completed form should be sent to the appropriate Occupational Health and Safety Division office:

□ Halifax
OH&S Division
NS Environment & Labour
5151 Terminal Road, 5th Floor
P.O. Box 697
Halifax, NS B3J 2T8
Fax 902-424-5640

☐ Kentville
OH&S Division
NS Environment & Labour
10 Webster Street
Suite 202
Kentville, NS B4N 1J5
Fax 902-679-5166

☐ Springhill
OH&S Division
NS Environment & Labour
29 Industrial Park Drive
P.O. Box 2290
Springhill, NS B0M 1X0
Fax 902-597-8801

☐ Truro
OH&S Division
NS Environment & Labour
36 Inglis Street
P.O. Box 824
Truro, NS B2N 5G6
Fax 902-893-0282

☐ Boylston
OH&S Division
NS Environment & Labour
RR#2
Boylston NS B3J 2T8
Fax 902-533-2307

☐ Middleton
OH&S Division
NS Environment & Labour
101 Magee Drive
P.O. Box 1000
Middleton, NS B0S 1P0
Fax 902-825-4471

☐ Stellarton
OH&S Division
NS Environment & Labour
2561 Westville Road
P.O. Box 3040
Stellarton, NS B0K 1S0
Fax 902-755-3158

☐ Yarmouth
OH&S Division
NS Environment & Labour
13 First Street
Yarmouth, NS B5A 1S9
Fax 902-742-7796

☐ Bridgewater
OH&S Division
NS Environment & Labour
60 Logan Road
Bridgewater, NS B4V 3J8
Fax 902-527-5480

□ Port Hawkesbury
OH&S Division
NS Environment & Labour
218 MacSween Street, Suite 12
Port Hawkesbury, NS B9A 2J9
Fax 902-625-4044

☐ Sydney
OH&S Division
NS Environment & Labour
Provincial Building
360 Prince Street
Sydney, NS B1P 5L1
Fax 902-563-3475