

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 <i>(if applicable)</i> /Position	
Address		Town/City	Postal Code
Home Telephone No.	Business Telephone No.	Fax No.	

I am the employee 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

an Order of the Director of Labour Standards, ordering monies paid
 Also provide

1. A copy of the Director's Order
2. Any other documents relating to your appeal or complaint

a decision from the Labour Standards Division, not to proceed with my complaint
 Also provide

1. A copy of the letter stating decision not to proceed

because one month has elapsed since I made my initial complaint and no decision has been made

