

The Employment Standards Code and Regulation establish minimum standards of employment for most employers and employees working in Alberta. Alberta Human Resources and Employment, Employment Standards, will assist employees and employers to resolve differences concerning the interpretation, application and enforcement of these standards.

Employees are encouraged to use the Self-Help Kit to resolve their differences. Self-Help Kits are available at all Employment Standards offices and this web site. It is not appropriate to use a Self-Help Kit in all circumstances. To review those circumstances, click [here](#).

If you were unable to resolve the matter by yourself, and you wish to pursue it further, a Complaint by Employee form must be completed and delivered to Employment Standards.

Your complaint must be filed no later than six (6) months after the end of your employment. For example, if your last day of employment was November 15, 2003 you must file a complaint by May 15, 2004. In all cases, your complaint should be filed with Employment Standards as soon as possible. If more than six (6) months has passed, the Director of Employment Standards may grant an extension if the Director considers there were extenuating circumstances.

For example, the Director has extended time limits when:

- ❖ through illness or incapacity, an employee was unable to file a claim.
- ❖ an arbitration award held that no remedy was provided for an employee under a collective agreement.



### Once the form is completed and documentation attached:

1. Retain a copy of the complaint form and attachments for your records.
2. Deliver the completed form to an Employment Standards office.
3. A copy of the complaint form, with your address and phone number blanked out, will be provided to the employer.
4. An Employment Standards Officer will review the complaint and may conduct an investigation of the matter.
5. The time required for resolution of the complaint will depend on the issues involved and cooperation received from all parties.

To request an extension to file a complaint, write a letter outlining your extenuating circumstances to:

**Alberta Human Resources and Employment  
Director of Employment Standards  
Main Floor, 9940 - 106 Street  
Edmonton AB T5K 2N2**

A complaint must be made in written form and must be signed. Attach to your complaint form, where possible, any documents that may help with the investigation. This documentation could include copies of the letter sent, pay stubs, a copy of your federal Record of Employment form, letters from employer, overtime agreements, etc.

### Can a current employee file a complaint and request that their name not be released to the employer?

Yes. In some circumstances Employment Standards will accept a written complaint and endeavor to resolve the matter without revealing the name of the complainant. To learn more about the confidential complaint process and forms, click [here](#).

### An Employment Standards Complaint form can be obtained by:

- ❖ Printing the on-line complaint form contained in this document. This form can be completed on-line or filled out manually. **When the on-line complaint form is printed, a "tip sheet" designed to help you complete the complaint form and a fact sheet on the Employment Standards Complaint Resolution Process will also be printed.**
- ❖ Visiting the [Employment Standards office](#) nearest you.
- ❖ Calling the Employment Standards Contact Center at (780) 427-3731. To be connected toll-free in Alberta, call 310-0000 and dial (780) 427-3731 to request the form.

The information you provide on this form is collected under the authority of the Alberta Employment Standards Code and will be used for the purpose of conducting an investigation into your complaint. This personal information is subject to the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, you may contact Employment Standards by calling 427-3731 in Edmonton or for toll free access dial 310-0000 then dial (780) 427-3731.

**Employee**

First Name		Middle Name	Last Name		Date of Birth (yyyy/mm/dd)
Home Address		Street	Alternate Address		Street
City	Province	Postal Code	City	Province	Postal Code
Telephone Number(s) (Res)	(Fax)	Alternate Telephone Number(s)		(Bus)	(Cell)
(Bus)	(Cell)	(Email)	(Bus)	(Res)	

**Employer**

Legal Name			Business Name		
Mailing Address		Street	Address of Worksite		Street
City	Province	Postal Code	City	Province	Postal Code
Telephone (Bus) Number(s)	(Res)	(Fax)	(Cell)	(Email/Website)	
Nature of Business			Hired By		
Name of Manager/Supervisor			General Contractor or Project (Construction Industry)		

**Employment Information**

Employed As		Date Employment Commenced (yyyy/mm/dd)	Date Last Worked (yyyy/mm/dd)
Did you keep records of hours worked? (If yes, attach originals)	Are you still employed by the employer named above?		If no ► <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Are you covered by a collective agreement or employment contract?	If yes, state particulars.		
Wage rate paid at date of termination	\$ _____ /hour	\$ _____ /month	\$ _____ /week
Other, explain			
Pay period	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice per Month
<input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:			
Hours of work	_____ hours/day	_____ hours/week	Did you sign a written overtime agreement? (If yes, attach copy)
If yes, explain			
Are you aware of any reason why your employer will not pay earnings?			

## Claim Information

Claim refers to:

	Date From (yyyy/mm/dd)	Date To (yyyy/mm/dd)	Estimated Amount
<input type="checkbox"/> Wages/Deductions			\$
<input type="checkbox"/> Overtime			\$
<input type="checkbox"/> Vacation Pay			\$
<input type="checkbox"/> General Holiday Pay			\$
<input type="checkbox"/> Termination Pay - Period of Employment			\$
<input type="checkbox"/> Maternity/Parental Leave			\$
<input type="checkbox"/> Other _____			\$

### Provide details about your claim

*(refer to Tip Sheet for a guideline of information needed in this section)*

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## Provide details about your claim *(continued)*

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*If you require more space, please attach additional sheets to this form.*

### Declaration and Signature

- ❖ I certify the information submitted is true and complete to the best of my knowledge.
- ❖ I consent to the release of information concerning my complaint to the employer named in this form, for the purpose of investigating and resolving the claim.
- ❖ I realize I am required to inform Employment Standards of any change of address, partial payment or settlement.
- ❖ **I consent to the following:**  
 Yes    No   *check (✓) one*

If my complaint results in a judgment against the employer, I agree that Employment Standards may take collection efforts on my behalf, which may include referring a judgment to a collection agency. If referral is made to a collection agency, the agency is authorized to collect a fee from the employer, in addition to the amount of the judgment. Where the agency is able to collect only part of the judgment, the agency will retain its fee out of the amount collected, reducing the amount paid out to me.

Signature of Employee	Date (yyyy/mm/dd)
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### Office Use Only

Received by <input type="checkbox"/> Mail <input type="checkbox"/> Interview	Claim Number	Date (yyyy/mm/dd)
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## **Employee Information**

**Name of Employee** – Provide full legal name (no initials).

**Date of Birth**

**Address** – Provide full mailing address and postal code.

**Alternate Address** – Provide an alternate address and postal code where you can be reached if Employment Standards cannot reach you at your current address.

**Telephone Number** – Provide telephone, fax and cell numbers to allow us to contact you.

**Alternate Telephone Number** – Provide a telephone number where a message may be left during business hours if Employment Standards is unable to contact you at the primary number.

## **Employer Information**

**Legal Name** – Provide the full legal name, e.g. Bruck Holdings (1981) Limited. In the case of a proprietorship, show the owner's full first and last name.

**Business Name** – Provide the operating name of the employer, e.g. Blueberry Hotel.

**Mailing Address** – Provide full address of the employer. NOTE: In the event the employer does not have an address, or you are unsure of the address, please attach a sketch to the claim form indicating directions.

**Address of Work Site** – Provide the address of where the work was performed.

**Telephone Number** – Provide the employer's business number, and if possible, the fax number, residential number, cell phone number, and e-mail address.

**Nature of Business** – Provide the exact type of business, e.g. restaurant, trucking, construction, etc.

**Hired By** – Provide the name and position of the person who hired you.

**Name of Manager/Supervisor** – Provide the name and position of your manager/supervisor.

**General Contractor or Project** – Provide information if the employer performed work for another company, and provide the name and address of that company and the name of the project (Construction Industry).

## **Employment Information**

**Employed As** – Provide details of your position, e.g. waitress, truck driver, baker.

**Date Employment Commenced** – Provide the date on which you started work for the employer.

**Date Last Worked** – Provide date of when you last worked for employer.

**Did You Keep Records of Hours Worked?** – Attach the originals to the complaint form.

**Still Employed by Above Employer?** – Provide information on whether or not you are still employed by the employer. If not, indicate if you quit, were fired, or were laid off. If you are still employed with this employer, contact Employment Standards at (780) 427-3731.

**Are you Covered by a Collective Agreement or Employment Contract?** – If so, provide the name and address of the Union or Association, and/or a copy of the written contract or agreement.

**Wage Rate Paid at Date of Termination** – Provide information on what rate you were paid. If paid by commission, piecework, mileage, etc., provide details.

**Pay Period** – Provide information on how often you were paid, e.g. twice a month or monthly.

**Hours of Work** – Provide the hours you worked per day and per week.

**Did You Sign a Written Overtime Agreement?** – If you have signed an agreement with the employer, attach a copy to the complaint form.

**Are you aware of any reason why your employer will not pay earnings?** – Provide information on whether the employer is alleging you owe money for room and board, damage or loss of property, purchase of tools, or a personal account, etc.

## Claim Information

### Claim Refers to:

**Wages/Deductions** – Wages include: salary, pay, money paid for time off instead of Overtime Pay, commission or remuneration for work (as defined in Section 1(1)(x) of the Employment Standards Code). Include NSF cheques or other related documentation. (Where NSF cheques are not available, indicate where they are presently being held.)

**Overtime** – Provide all relevant documentation, e.g. pay stubs, record of hours etc.

**Vacation Pay** – Provide information on period claimed, and any amounts received to date.

**General Holiday Pay** – Provide information on holidays you are claiming for, e.g. Christmas Day, Labour Day, Remembrance Day, which are commonly called statutory holidays.

**Termination Pay** – Provide information on your period of employment. Provide full details relating to your termination of employment on pages 2 and 3 of the Complaint by Employee Form.

**Maternity/Parental** – Provide full particulars on pages 2 and 3 of the Complaint by Employee Form.

**Other** – Provide full particulars on pages 2 and 3 of the Complaint by Employee Form on things like failure to receive rest periods or pay stubs.

### Details relating to your claim:

#### **If you are claiming Wages:**

- What is the dollar amount of your wage claim? Provide method of calculating that amount.
- Are you claiming unauthorized deductions from wages? If so, please explain.
- Did you work a compressed workweek?

#### **If you are claiming Overtime Pay:**

- What is the amount of overtime that you worked? Remember to provide dates, days of work and hours worked each day. Attach records of hours of work.
- Did you receive any payment or compensation for overtime hours? If you did, attach records of overtime payments made.
- What is the amount of overtime that you believe is owed? Provide method of calculating that amount.
- What is the name of the person who authorized you to work overtime hours? What was the purpose for overtime hours worked?
- Did you request payment for overtime hours worked during your employment? If so, indicate what your employer's response was.
- Did you work a compressed workweek? If you did, attach a schedule.

#### **If you are claiming Vacation Pay:**

- What vacation time was taken and paid for during the course of your employment?
- What is the amount of vacation pay that you believe is outstanding? Provide a method of calculating this amount.
- Did the employer pay vacation pay on each paycheque?
- Did the employer pay your vacation pay upon termination of employment? If so, how much.
- Were there any breaks in your employment greater than 3 months? If so, please provide dates.
- Did the employer establish a common anniversary date for calculation of vacation entitlements for all employees? If so, what was the common anniversary date?

#### **If you are claiming General Holiday Pay:**

- Did you work 30 days or more in the last 12 months preceding the first general holiday you are claiming?
- For which general holidays are you claiming?
- Did you work any of these general holidays? If you did, how many hours did you work on each general holiday being claimed?
- Indicate whether the holiday fell on a day you would have normally worked.
- Did you receive payment for working on a general holiday?
- What is the amount of general holiday pay you believe is owed to you? Provide method of calculating that amount.
- Did you work a compressed workweek? If you did, please attach schedule.

**If you are claiming Termination Pay:**

- What were the reasons the employer gave for terminating your employment? Indicate who told you the reasons. Please describe in detail.
- Were there any breaks in your employment greater than 3 months? If so, describe and provide start and end dates as well as the reason for each break.
- Did your employer give you any verbal or written notice of termination or pay in lieu? If so, when? Please attach a copy of the written notice.
- Did you give the employer a written notice of termination? If so, when, and attach a copy.
- Were there any witnesses to your termination? If so, provide names, addresses and telephone numbers of witnesses.
- If your termination was performance related, state whether you received prior written or verbal warnings. If you did, describe and provide dates of these warnings.
- Did your employer temporarily lay you off and advise that they would be calling you back? If so, describe.

**Attention:** Sign and date the completed complaint form and mail or drop off with any supporting documents to the nearest *Employment Standards Office* listed below. Keep a copy for your records.

**Please Note:** A copy of your completed complaint form will be given to the employer for their response. Your address and contact information will not be provided to the employer.

**If you require further assistance in completing the complaint form:**

- Phone the Employment Standards Contact Centre in Edmonton at 427-3731. For locations outside the Edmonton area and within Alberta – call toll free at 310-0000, then dial (780) 427-3731.
- For the deaf or hard of hearing with TDD/TDY units, in Edmonton call 427-9999. For locations outside of Edmonton, call 1-800-232-7215.
- Visit your local Employment Standards office.

<b>Calgary</b>	<b>Edmonton</b>	<b>Edson</b>	<b>Fort McMurray</b>	<b>Grande Prairie</b>
Suite 150 717 - 7 Avenue SW Calgary AB T2P 0Z3	Main Floor 9940 - 106 Street NW Edmonton AB T5K 2N2	Room 102, Provincial Building 111 - 54 Street Edson AB T7E 1T2	Room 714, Provincial Building 9915 Franklin Avenue Fort McMurray AB T9H 2K4	Room 3101, Provincial Building 10320 - 99 Street Grande Prairie AB T8V 6J4
<b>Lethbridge</b>	<b>Medicine Hat</b>	<b>Peace River</b>	<b>Red Deer</b>	<b>St. Paul</b>
Room 360, Provincial Building 200 - 5 Avenue South Lethbridge AB T1J 4L1	Room 103, Provincial Building 346 - 3 Street SE Medicine Hat AB T1A 0G7	P.O. Bag 900-24, Provincial Building (Room 112, Provincial Building) 9621 - 96 Avenue Peace River AB T8S 1T4	Room 209, Provincial Building 4920 - 51 Street Red Deer AB T4N 6K8	Box 403, Provincial Building 5025 - 49 Avenue St. Paul AB T0A 3A4 (5126 - 50 Avenue St. Paul AB)

Note: Where the mailing address is different from the physical location, the physical location is shown in parenthesis

**Employment Standards Website:**

[www.gov.ab.ca/hre/employmentstandards](http://www.gov.ab.ca/hre/employmentstandards)