



Important! Please read the following before you complete this form.

Collective Agreement

- If you are covered by a collective agreement, you should ask your union representative for assistance. You cannot file a claim without approval from the Ministry of Labour's Director of Employment Standards.

Court Action

- If you have already started a court action, you generally cannot file a claim with the Ministry of Labour for the same matter.
- If you have filed a claim with the Ministry of Labour you may, within two weeks from the date you filed your claim, withdraw the claim and proceed with a court action. If you have any questions we suggest that you consult a lawyer before filing this claim.

Maximum Recovery

- With some exceptions, the Ministry can only recover monies that became due within **six months** before the claim is filed.
- With some exceptions, \$10,000 is the maximum amount that the Ministry can **order** an employer to pay an employee.

General Information

- You will be contacted by an Employment Standards Officer who will be investigating your claim.
- Tell us if your mailing address or telephone number changes. This helps us to process and investigate your claim or contact you for more information. If you do not notify us with your change of address, the Ministry may not be able to contact you about your claim.
- Information necessary to process your claim may be shared with your employer.
- For more information about how to complete this form, please refer to the guide. For more information regarding Employment Standards, please contact the Call Centre at 416-326-7160 or 1-800-531-5551.
- Claims can be mailed to the Provincial Claims Centre, Ministry of Labour, 70 Foster Drive, Suite 480, Roberta Bondar Place, Sault Ste. Marie, ON P6A 6V4 or faxed toll free to 1-888-252-4684.

Internal Use Only	
Claim Number	
Ministry Date Stamp	

I have reviewed and understand all of the above. *

Items marked with are explained in the How to File a Claim booklet.

You must fill out all asterisk (*) areas for us to investigate your claim as soon as possible.

Section A - Information About You

A1 Are you covered by a collective agreement? * Yes No **If "Yes," please contact your union representative for assistance before filling out this form.**

Last Name * <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms		Previous Last Name (if your employer knows you by that name)	
First Name *	Middle Initials	Students Only: Date of Birth (yyyy/mm/dd)	
Home Mailing Address Street Number and Name/R.R./P.O. Box *			Apt. no.
City/Town *		Province *	Postal Code *
Contact Phone Number *	Alternative number where messages can be left (if different from Contact Phone Number)		Cell Phone Number
E-mail Address			

A4 Alternative Mailing Address where material may be sent

Street Number and Name/R.R./P.O. Box			Apt. no.
City/Town		Province	Postal Code

A5 Do you authorize anyone to act on your behalf? (i.e., family member, friend, legal counsel) Yes No (proceed to Section B)

Name of the person

Relationship to you

Phone Number

Section B – Information about the Business or Company Against Which You Are Filing This Claim

B1 Name of Employer (name of company or business) *

B2 If this company operates using any other name(s) please provide these name(s), if known:

B3 Address of the location where you worked
Street number and name/R.R.

City/Town *

Postal Code

B4 Address of Employer (if different from address above)
Street number and name/R.R./P.O. Box

City/Town/Province/State

Postal Code/Zip Code

Country

B5 Name of your supervisor, if known

Company Phone Number

Company Fax Number

Is this employer: still in business no longer in business in receivership/bankrupt don't know

Section C – Your Work History with This Employer

C1 What is/was your job title and what kind of work did you do? *

Have you kept a record of your hours of work? (for example, in a diary or calendar) Yes No

C2 Were your hours of work regular? * Yes No If "No," please explain

If Yes, please continue in the box below.

How many hours did you work each day?

How many days did you work each week?

Total hours worked each week?

C3 Pay Period: * Weekly Every two weeks Twice a month Once a month

Other (Please explain)

C4 How were you paid? * Per hour Salary Commission Piecework

Other (Please explain)

C5 Rate of pay before deductions (choose one): * Per hour \$ _____ Per week \$ _____ Per annum (year) \$ _____

Other (Please explain)

C6 Date you started working for this employer? * Are you: * Still working Fired Laid off Other

Year (yyyy)

Month (mm)

Day (dd)

If "Other" (Please explain)

If you are no longer working for the employer please complete the following:

Last day you worked for this employer?

Year (yyyy)

Month (mm)

Day (dd)

Did you receive notice of termination before your last day of work? Yes No

Date notice of termination was received?

Year (yyyy)

Month (mm)

Day (dd)

Was the notice Written or Verbal?

C7

Have you ever stopped working for this employer and then started working for the same employer again? (e.g., quit or temporarily laid off. Do not include sick, pregnancy and/or parental leave, family medical leave, personal emergency leave, declared emergency leave, vacation or holidays). Please list date(s) and reason(s) below:

Section D – Details About Your Claim

D1 Please check all that apply. *			Estimated Amounts (\$) (if applicable)
<input type="checkbox"/>	Unpaid Wages	From (yyyy/mm/dd) To (yyyy/mm/dd)	
<input type="checkbox"/>	Overtime	From (yyyy/mm/dd) To (yyyy/mm/dd)	
<input type="checkbox"/>	Vacation/Vacation Pay		
<input type="checkbox"/>	Public Holiday/Public Holiday Pay		
<input type="checkbox"/>	Deductions from Wages		
<input type="checkbox"/>	Pregnancy/Parental/Other Leave		
<input type="checkbox"/>	Minimum Wage		
<input type="checkbox"/>	Termination Pay (i.e., pay in lieu of notice)		
<input type="checkbox"/>	Severance Pay		
<input type="checkbox"/>	Equal pay for equal work		
<input type="checkbox"/>	Bankrupt Employer		
<input type="checkbox"/>	Continued employment with a new employer (successor employer)		
<input type="checkbox"/>	Continued employment with a new employer (Building Services)		
<input type="checkbox"/>	Hours of Work/Eating Periods		
<input type="checkbox"/>	Rest Periods (between shifts, daily, weekly, biweekly)		
<input type="checkbox"/>	Refusal to work Sundays or public holidays when working in retail business		
<input type="checkbox"/>	Lie detector test		
<input type="checkbox"/>	Reprisals		
<input type="checkbox"/>	Other (specify):		
<input type="checkbox"/>	Additional Information		
Estimated Total			

Section E - Applicant's Certification

I declare that, to the best of my knowledge, this information is complete and accurate. I understand that the Ministry may use this information for the purposes of conducting a survey about the quality of the Ministry's service, and may seek to contact me for this purpose either directly or through an agent.

Name	Signature	Date (yyyy/mm/dd)
------	-----------	-------------------

This information is collected under the authority of the *Employment Standards Act, 2000* to assist in the investigation of alleged violations of the *ESA*. Collection, use and disclosure of information in this form is regulated by the *Freedom of Information and Protection of Privacy Act*, R.S.O.1990F31 (as amended). If you have any questions regarding Freedom of Information (FOI) matters, you may contact the Ministry of Labour FOI Coordinator at (416) 326-7786. If you have any questions related to employment standards you may contact the Employment Standards Information Centre at (416) 326-7160 in the Greater Toronto Area (GTA), or 1-800-531-5551 if calling outside of the GTA.