

If mailing completed form,  
see contact information below.

**WorkSafeBC use only**

Discrimination complaint number

I am making a complaint of discriminatory action/failure to pay wages under Division 6 of the *Workers Compensation Act*, and I want WorkSafeBC to inquire into the matter.

I authorize WorkSafeBC to contact my employer/union in regards to my complaint, and to disclose my identity.

I authorize WorkSafeBC to obtain or view, from any source whatsoever, a copy of any records or other documents that may relate to my complaint.

I acknowledge that WorkSafeBC will disclose any information/documents collected from my complaint to my employer/union, and may disclose such information to others in accordance with the law, including the *Freedom of Information and Protection of Privacy Act*.

I direct WorkSafeBC to disclose information from my complaint to my designated advocate.

Name of worker ( <i>please print</i> )	
Signature	Date  <i>yyyy-mm-dd</i>

Visit our website at [WorkSafeBC.com](http://WorkSafeBC.com).

**Mailing Address**

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**Location**

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