



Community and Cultural Affairs

Labour and Industrial Relations Division
 Employment Standards
 31 Gordon Drive
 PO Box 2000, Charlottetown, PE C1A 7N8
 Tel: (902) 368 5550 Fax: (902) 368 5476

Complaint filed under

the Prince Edward Island *Employment Standards Act* Chapter E-6.2

Information of Complainant

Business' Name: (please print)		Complainant's Name:	
Tel: () Cell: ()		Tel: () Cell: ()	
Mailing Address:		Mailing Address:	
Civic Address:		Civic Address:	
City/Town/Village:		City/Town/Village:	
Province:	Postal Code:	Province:	Postal Code:
Owner's Name:		Job title: (if applicable)	
Manager's Name:		Employment period: (from) _____ (to) _____	
		Reason for termination: lay off <input type="checkbox"/> quit <input type="checkbox"/> dismissed <input type="checkbox"/>	Hours of work per week:
		Rate of pay:	Amount of monies owed:

Nature of Complaint

Remedy Requested

List (if any) conditions or arrangements agreed to between yourself and your employer at time of hiring or during your employment period which may have an affect on your claim.

Do you owe the employer any monies? _____

If yes, describe: _____

Do you have possession of any goods or equipment belonging to the employer? _____

If yes, describe:

List persons (if any) who can verify your claim .

Name:	Job Duty:
Address:	Telephone:
Nature of information witness can provide:	

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Address:	Telephone:
Nature of information witness can provide:	

Description of Duties

List in detail the days, hours and pay period(s) for which monies are owed:

Before filing this claim with the Employment Standards, you must make your employer aware of the basis of your complaint and attempt to resolve the matter. The results of your discussion should be recorded below.

Please attach copies of all documents which will help support your claim, i.e., pay statements, cheques, dates of days worked and hours worked per day, record of employment, etc.

Certification	
I, _____ certify that the information provided is correct and factual to the best of my knowledge and, if required, authorize the officer to discuss any information listed on the complaint with the employer or any affected parties.	
_____	_____
Signature	Date

Personal information on this form is collected under the *Employment Standards Act* as it relates to and is necessary for the processing of complaints under the act and will be used for investigating this complaint. If you have any questions about the collection of this personal information, you may contact Labour and Industrial Relations at the above-noted address.