



COMPLAINT REGISTRATION

DO NOT USE FOR REFUSALS TO WORK IN CASE OF DANGER (refer to section 128 of the Code)

Canada Labour Code, Part II - Occupational Health and Safety
Non-smokers' Health Act
Hazardous Products Act

When Complete, **Submit to: ESDC-Labour Program**

(aussi disponible en français)

SECTION A - INFORMATION ABOUT COMPLAINANT		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name:	First or Given Name:
<input type="checkbox"/> Ms.		Middle Initial:
Mailing Address:		City and Province:
		Postal Code:
Home Telephone No. (including area code):	Telephone No. for messages (including area code):	Fax No. (including area code):
E-Mail address:	Your Job Title/Occupation:	Are you covered by a collective agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Union:	Representative Name:	
SECTION B - INFORMATION ABOUT YOUR EMPLOYER		
Name of Employer, Company or Business:		Street Address and/or Employer's Mailing Address:
City and Province:	Postal Code:	Telephone No. (including area code):
Fax No. (including area code):	E-mail address:	Type of Business:
Name of Supervisor:	Telephone No. (including area code):	Number of Employees:
Is there a work place Health and safety committee? Yes <input type="checkbox"/>	Name of Employer Health & Safety Co-Chair:	Telephone No. (including area code):
Representative? Yes <input type="checkbox"/>	Name of Employee Health & Safety Co-Chair or Representative:	Telephone No. (including area code):
SECTION C - INFORMATION ABOUT YOUR COMPLAINT		
Complaint concerns: (check one)		
Canada Labour Code Part II <input type="checkbox"/>	Non-smokers' Health Act <input type="checkbox"/>	Hazardous Products Act <input type="checkbox"/>
Work Site Address (if different from above):	Location at work site:	
Nature of Complaint:		
Continued on separate page YES <input type="checkbox"/>		
Was your complaint discussed with your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION D - INTERNAL COMPLAINT RESOLUTION PROCESS [refer section 127.1 of the Code] (to be filled in for complaints under Part II)

Name of supervisor complaint was discussed with:	Telephone No. (including area code):	Date of Discussion (YYYY-MM-DD):
--	--------------------------------------	----------------------------------

Action Taken:

Name of Persons who jointly investigated the complaint :	Employer rep :	Telephone No. (including area code):	Investigators determined complaint justified : YES <input type="checkbox"/> NO <input type="checkbox"/> Could not agree <input type="checkbox"/>
	Employee rep :	Telephone No. (including area code):	

Date written report received from joint investigators (YYYY-MM-DD):	Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Employer's Response, to be completed if investigators found complaint justified:

Was this complaint discussed with another government representative? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
--	----------

SECTION E

I certify all information is true and correct to my knowledge.

Signature Date (YYYY-MM-DD):

FOR OFFICE USE ONLY

Date Received:	Name of Official Receiving:	By (Check one): Interview Mail Fax Email
Forwarded to: (district office)	LA2000 Assignment No.:	Date Acknowledgement Letter of Receipt sent to complainant: