



Labour and Industrial Relations Division
 Employment Standards
 161 St. Peters Road, 2nd Floor
 PO Box 2000, Charlottetown, PE C1A 7N8
 Tel: (902) 368 5550 Fax: (902) 368 5476

Employment Standards Complaint

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

Information of Complainant

Business' Name: (please print)	Complainant's Name (first/middle/last):
Tel: () Cell: ()	Tel: () Cell: ()
Mailing Address:	Email Address:
Civic Address:	Mailing Address:
City/Town/Village:	Civic Address:
Province: Postal Code:	City/Town/Village:
Owner's Name:	Province: Postal Code:
Manager's Name:	Job title: (if applicable)
	First Day Worked _____ Last Day Worked _____
	Still working laid off <input type="checkbox"/> quit <input type="checkbox"/> dismissed <input type="checkbox"/>
	Hours of work per week:
	Rate of pay:
	Pay Period: Weekly <input type="checkbox"/>
	Biweekly <input type="checkbox"/> Twice-monthly <input type="checkbox"/>
	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:	

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

Before filing this claim with Employment Standards, you should 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 section 31(c) of *Prince Edward Island's Freedom of Information and Protection of Privacy (FOIPP) Act* as it relates to and is necessary for the processing of complaints under the *Employment Standards Act* and will be used for investigating this complaint. If you have any questions about the collection of this personal information, you may contact the Chief Labour Standards Officer at 902-368-5550.