

Employee Information			
First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Middle Name	Last Name
			Date of Birth (yy/mm/dd)
Mailing Address	Street	City	Terr/Prov
			Postal Code
Contact Information	(Bus)	(Res)	(Cell) (E-mail)
Is this a Third Party Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide your name and contact information in the <b>Claim Details</b> section of this form
Employer Information			
Legal/Business Name			
Mailing Address	Street	Address of Worksite	Street
City	Terr/Prov	Postal Code	City
		Terr/Prov	Postal Code
Contact Information	(Bus)	(Res)	(Fax) (Cell) (E-mail/Website)
Nature of Business		Hired By	
Name of Manager/Supervisor		Name of General Contractor or Project (Construction Industry)	
Employment Information			
Employed As	Date Employment Commenced (yy/mm/dd)	Date Last Worked (yy/mm/dd)	
Did you keep a personal record of hours worked? If yes, attach originals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you covered by a collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state particulars in the <b>Claim Details</b> section of this form	
Are you still employed by the employer named above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes ▶	Confidential <input type="checkbox"/> Yes <input type="checkbox"/> No
		If no ▶	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Wage rate paid at date of termination (Complete One)			
\$	/Hour	\$	/Month
		\$	/Daily
		\$ /Week	
Other, explain			
Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:			
How many hours of work per day? _____	Did you sign a written overtime agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many hours of work per week? _____	If yes, attach copy		
Are you aware of any reason why your employer will not pay earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			

Continued on next page...

## Claim Information

<b>Complaint Category</b>	<b>Date from (yy/mm/dd)</b>	<b>Date to (yy/mm/dd)</b>	<b>Estimated Amount</b>
<input type="checkbox"/> Wages/Deductions			\$
<input type="checkbox"/> Overtime			\$
<input type="checkbox"/> Vacation Pay			\$
<input type="checkbox"/> General Holiday Pay			\$
<input type="checkbox"/> Termination Pay (Period of Employment)			\$
<input type="checkbox"/> Minimum Wage			\$
<input type="checkbox"/> Other			\$

## Claim Details

*(Refer to **Tip Sheet** for a guideline of information needed in this section)*

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*If you require more space, please attach additional sheets to this form.*

## Declaration

- ❖ I certify the information submitted is true and complete to the best of my knowledge.
- ❖ I agree to promptly inform Employment Standards of any change of address or phone number, partial payment(s) or settlement(s).
- ❖ In the event of a bankruptcy, I authorize Employment Standards to share my claim information with the Wage Earner Protection Program (WEPP), administered by the Government of Canada.

Signature of Employee	Date (yy/mm/dd)
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