

Employment Standards requires specific information relating to wage complaints in order to establish jurisdiction and to determine if there has been a violation of the *Employment Standards Act*. This Tip Sheet is designed to assist you in completing the Complaint Information Form and to explain the general purpose of collecting this information.

EMPLOYEE INFORMATION

Employee Name & Birthdate: Shapes part of the verification process. Your full legal name and your date of birth provides identifying information used to contact you and to forward any outstanding wages that have been paid to the Director of Employment Standards by the Employer - on your behalf.

Mailing Address & Contact Numbers: Assists Employment Standards in contacting you with any pertinent questions and to inform you of the status of your file.

Third Party Complaint: Allows individuals, who are not the Employee, to make a complaint about an Employer who has violated the *Employment Standards Act*. If you are filing a Third Party Complaint, check the 'yes' box, provide contact information, and details of the complaint. Use the *Claim Details* section of the Complaint Information Form to describe the circumstances that will substantiate your allegations.

EMPLOYER INFORMATION

Legal/Business Name: If you do not know the legal name of the business, insert the operating name.

Mailing Address & Worksite Address: If you do not know the Employer's address, including the postal code, indicate the general location of the business and/or where the work was performed.

Contact Number(s): Provide all contact information for the Employer, such as: Employer's business number and if possible, the fax, residential and cell numbers, and their email address.

Nature of Business: Indicate the type of business or industry you worked in (e.g. restaurant, trucking, construction).

Hired By: Indicate the name and position of the person who hired you as well as the name of your manager/supervisor if they are different.

Name of General Contractor or Project (Construction Industry): If the Employer performed work for another company, provide the company and/or project name.

EMPLOYMENT INFORMATION

Employed As: Indicate the title or name of your position. (e.g. server, baker, manager)

Date Employment Commenced/Date Last Worked: Identify the year, month and day of your first and last day of work.

Did you keep your own personal records of hours worked?: Attach your original records to the complaint form (eg. hours of work recorded on a personal calendar or day timer and any pay stubs you have retained). These records will be photocopied and returned to you.

Are you covered by a Collective Agreement?: If you work under a contract between the Employer and a union, indicate the name and address of the Union or Association. If you have a contract of employment, attach a copy of that agreement to this complaint form.

Are You Still Employed by the Above Employer?: Provide information on whether or not you are still employed by the Employer. If you are still employed, indicate 'yes' and note that you may have the option of your name not being disclosed to the Employer. If you are not currently employed by the Employer, indicate whether you quit, were fired, or were laid off.

Wage Rate Paid at Date of Termination: Indicate your current wage rate or the rate of pay you earned when your employment ended and whether you were paid an hourly, monthly, daily or weekly rate.

Pay Period: Provide information on how often you were paid, (e.g. once every two weeks, twice a month or monthly).

Hours of Work: Insert the number of hours you worked each day and each week.

Did you sign a written overtime agreement?: If you have signed an agreement with the Employer, attach a copy of the agreement to the Complaint Information Form.

Are you aware of any reason why your Employer will not pay earnings?: Provide information on whether the Employer is alleging you owe money for room and board, damage or loss of property, or a personal account debt, etc.

CLAIM INFORMATION

Choose among the listed categories in this section of Form.

Check the box(es) that apply to your claim and state the amount you believe is owing to you.

If the basis of your claim is not identified in the list, insert a complaint heading under 'other' that suits your circumstances.

If there is a specific period of time that that is relevant, indicate that timeline under the 'Date from' and 'Date to' columns and then estimate the amount.

CLAIM DETAILS

This section of the Complaint Information Form must be completed to the best of your ability. The information you provide will assist in your claim moving forward.

Provide information that will clearly show the basis of your complaint. In your own words explain the reason(s) for your complaint. Be sure to include dates, times, names of witnesses and other relevant facts. Attach additional pages if required.

NOTE: Carefully read and complete the Declaration section of the Complaint Information Form. Submit your original records, keeping copies for yourself, and deliver the signed, original form with supporting documentation to:

MAIL:

Employment Standards
Department of Community Services
Government of Yukon
Box 2703, C-7
Whitehorse, YT Y1A 2C6

BY HAND:

Employment Standards
307 Black Street
Whitehorse, Yukon

- **If you require further assistance in completing the Complaint Information Form call Employment Standards at : 867-667-5944 or toll free at 1 800-661-0408 ext 5944**
- **Employment Standards Website: <http://www.community.gov.yk.ca/es>**
- **Email: employmentstandards@gov.yk.ca**