Employment Standards Formal Complaint Form

Information collected in this form can be used by the Ministry of Labour Relations and Workplace Safety in matters pertaining to the administration and enforcement of all legislation under its responsibility. Employment Standards may provide a copy of this complaint form to the employer about which you are complaining. Generally employees have up to 12 months after the date wages were due to file a wage claim. Recovery of wages is limited to wages payable within either the 12 months before the claim is made or the 12 months after the end of employment. Refer to section 2-89 of *The Saskatchewan Employment Act* for more details.

Not all workplace complaints should be made with Employment Standards at the Ministry of Labour Relations and Workplace Safety. For example:

- employees in a unionized workplace may need to file a complaint with their union, as the issue may be covered in the collective bargaining agreement;
- employees working outside of Saskatchewan should file a complaint with the employment standards agency of the province where that work is performed;
- employees working in an industry regulated by the federal government (for example employers involved in First Nations government activities, banking, air transportation, telephone and cable systems, grain elevators and seed mills, uranium mining and processing, or licensed inter-provincial trucking) should file a complaint with the Federal Labour Program (Employment and Social Development Canada); and
- independent contractors are not covered by Part II of *The Saskatchewan Employment Act* as they are in business for themselves and are not employees under this legislation.
- contact the Occupational Health and Safety Branch ohs.general@gov.sk.ca regarding a workplace safety issue; and
- contact the Saskatchewan Human Rights Commission regarding discrimination in the workplace based on protected characteristics under The *Saskatchewan Human Rights Code*.

Employees trying to obtain a record of employment (ROE) should contact Service Canada.

Please call Employment Standards at 1-800-667-1783 if you have questions or concerns about making a complaint, including determining which regulatory agency to file a complaint with.

Please note that the employer has 14 days to provide final payment of wages. Therefore, some claims are valid only after that 14-day period has elapsed.

Business Information

Name of employer, company, or business:

Address:

Box/suite | Street number | City | Province | Postal code

Head office address (if different than above):

Box/suite | Street number | City | Province | Postal code

Phone: Fax:

E-mail:

Name of employer contact: Position:

Work/site location (if different than above):

Type of business:

(Optional) Is this a First Nations employer, company or business?* ☐ Yes ☐ No ☐ Not sure

*Employment Standards collects this information to determine if complaints should be directed to a federal agency, and to improve standards and services. Aggregate information that does not identify complainants or employers will be shared with the Canadian Association of Administrators of Labour Legislation, a partnership of federal, provincial and territorial jurisdictions. Your response is confidential.

Is employer still in business? ☐ Yes ☐ No

Where does the employer bank:

Employee Information

First name: Last name:

Date of birth (dd/mm/yyyy): Phone:

Address:

Box/suite | Street number | City | Province | Postal code

E-mail

Alternate contact person name: Alternate contact phone:

(Optional) Are you a foreign worker?* ☐ Yes ☐ No

*Employment Standards collects this information to determine if complainants may need to be referred to the Ministry of Immigration and Career Training for support. Responding to the question is voluntary and your personal information will be kept confidential.

(Optional) Do you identify as Indigenous?* ☐ Yes ☐ No

*This is used to track representation of Indigenous employees filing Employment Standards complaints to improve standards and services. Aggregate information that does not identify complainants will be shared with the Canadian Association of Administrators of Labour Legislation, a partnership of federal, provincial and territorial jurisdictions. Your response is confidential.

Are you: ☐ Still employed ☐ Fired ☐ Quit ☐ Laid-off

Job title: _____

First day of work (dd/mm/yyyy): _____ Last day of work (dd/mm/yyyy): _____

Salary/hourly rate of pay: $ _____

If paid by the mile or by a percentage of the load, commission, etc. please describe: _____

Number of days worked per week: _____ Number of hours worked per week: _____

Other: _____

Type of pay period: ☐ Daily ☐ Every two weeks ☐ Monthly
☐ Weekly ☐ Twice a month ☐ Other: _____

Do you have relevant records to support your claim? ☐ Yes ☐ No

If **YES**, list records and **ATTACH** copies to this form:

☐ Statement of earning ☐ Paycheque(s)/paystub(s) ☐ Record of employment (ROE)
☐ Deposit records (e.g. etransfers) ☐ Employment contract ☐ Letter of offer ☐ Termination notice
☐ Time/attendance records ☐ Work calendar/schedule(s) ☐ Payment information
☐ Employment letters (termination/layoff/discipline)
☐ Other (please specify): _____

What is the nature of your complaint?

Details of the complaint (attach any additional information to the form): _____

If covered under a collective agreement, what is the name of the union: _____

Union representative: _____ Phone: _____

Are there any witnesses who would be willing to speak with Employment Standards? ☐ Yes ☐ No

Name: _____ Phone number: _____

Was this complaint made to another provincial of federal government agency? ☐ Yes ☐ No

If yes, explain: _____

Employee Declaration, Consent, and Signature

I, _____

(Print name and title of employee)

- Consent to the Ministry of Labour Relations and Workplace Safety collecting my personal information as defined by *The Freedom of Information and Protection of Privacy Act* for use and disclosure in matters pertaining to the administration and enforcement of all legislation under its responsibility, including *The Saskatchewan Employment Act*, which may involve further disclosure to other ministries of the Government of Saskatchewan.
- Certify the information submitted is true and complete to the best of my knowledge.
- Will inform Employment Standards if I am currently proceeding with another legal action to secure payment or other remedy for my claim.
- Will inform Employment Standards of any change to my address, phone number or email.
- Will inform Employment Standards of any payment or settlement I receive from the employer or any other source that applies to my claim.
- Understand Employment Standards may provide a complete copy of this complaint form to the employer about whom I am complaining. Any other information I provide, now and during the course of the investigation, may be shared with this employer.
- Consent to the transfer of my complaint to another related Canadian jurisdiction or sharing of information with another provincial agency, if necessary.
- Consent to Employment Standards making wage collection efforts on my behalf, which may include obtaining and sharing information and representing my claim with trustees or receivers, including in situations involving the Federal Wage Earner Protection Program.

X _____ _____

Signature of Employee | Date (dd/mm/yyyy)

Please email the completed form to employmentstandards@gov.sk.ca, or drop off, mail, or fax this form and all correspondence to the Employment Standards district office closest to you. Visit saskatchewan.ca for a full list of Employment Standards district offices.

FOR OFFICE USE ONLY

Received by: ☐ Mail ☐ In-person ☐ Fax ☐ Online

X _____ _____

Signature of Employment Standards representative Date received (dd/mm/yyyy)

Referred to: _____