



COMPLAINT REGISTRATION

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)

(Do not use for refusals to work under section 128 of the Code)

SECTION A - INFORMATION ABOUT COMPLAINANT			
<input type="radio"/> Mr. <input type="radio"/> Mrs.	<input type="radio"/> Ms.	Last Name:	First or Given Name:
			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="radio"/> No <input type="radio"/>	
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="radio"/>	Name of Employer Health & Safety Co-Chair:		Telephone No. (including area code):
Representative? Yes <input type="radio"/>	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="radio"/>		Non-smokers' Health Act <input type="radio"/>	
Hazardous Products Act <input type="radio"/>			
Work Site Address (if different from above):		Location at work site:	
Nature of Complaint:			
Continued on separate page YES <input type="radio"/>			
Was your complaint discussed with your supervisor? Yes <input type="radio"/> No <input type="radio"/>			

SECTION D - INTERNAL COMPLAINT RESOLUTION PROCESS (Complete for ALL complaints - subsection 127.1(1) of the Code)			
Name of supervisor, or person designated by the employer for occurrences of harassment and violence, the complaint was discussed with:	Telephone No. (including area code):	Date of Discussion (YYYY-MM-DD):	Action Taken:
SECTION E - JOINT INVESTIGATION OF COMPLAINT (Do not complete for complaints involving occurrences of harassment and violence – subsection 127.1(3) of the Code)			
Names of the joint investigators :	Employer representative - joint investigator :	Telephone No. including area code:	Joint investigators agreed the complaint was : Founded <input type="radio"/> Not founded <input type="radio"/> Could not agree <input type="radio"/>
	Employee representative - joint investigator :	Telephone No. including area code:	
Date Employer received written report from joint investigators (YYYY-MM-DD):		Attached? Yes <input type="radio"/> No <input type="radio"/>	
Employer's Response to joint investigators' report (Required if joint investigators agreed complaint was founded – subsection 127.1(6) of the Code):			
Was this complaint discussed with another government representative? Yes <input type="radio"/> No <input type="radio"/>	Specify:		
SECTION F			
<i>I certify all information is true and correct to my knowledge.</i>			
_____		_____	
Signature		Date (YYYY-MM-DD):	
FOR OFFICE USE ONLY			
Date Received:	Name of Official Receiving:	By (Check one):	
		<input type="checkbox"/> Interview	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Forwarded to: (district office)		LA2000 Assignment No.:	Date Acknowledgement Letter of Receipt sent to complainant: