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

(Do not use for refusals to work under section 128 of the Code) ***(aussi disponible en français)***

SECTION A - INFORMATION ABOUT COMPLAINANT

◯ Mr. ◯ Mrs. ◯ 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 ◯ No ◯
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 ◯	Name of Employer Health & Safety Co-Chair:	Telephone No. (including area code):
Representative? Yes ◯	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** ◯ ***Non-smokers' Health Act ◯ ***Hazardous Products Act*** ◯

Work Site Address (if different from above):	Location at work site:

Nature of Complaint:

Continued on separate page YES ◯

Was your complaint discussed with your supervisor? Yes ◯ No ◯

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** ◯ **Not founded** ◯ **Could not agree** ◯
	Employee representative - joint investigator :	Telephone No. including area code:	

Date Employer received written report from joint investigators (YYYY-MM-DD):	Attached? Yes ◯ No ◯

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 ◯ No ◯	Specify:

SECTION F

I certify all information is true and correct to my knowledge.

Signature _____ Date (YYYY-MM-DD): _____

FOR OFFICE USE ONLY

Date Received:	Name of Official Receiving:	By (Check one): ◯ Interview ◯ Mail ◯ Fax ◯ Email
Forwarded to: (district office)	LA2000 Assignment No.:	Date Acknowledgement Letter of Receipt sent to complainant: