



FOR OFFICE USE ONLY
DATE STAMP

## COMPLAINT FORM- UNJUST DISMISSAL

### Canada Labour Code, Part III (Labour Standards) - DIVISION XIV

#### BEFORE FILING A COMPLAINT

- An Unjust Dismissal complaint is admissible if you:
  - have worked **12 consecutive months or more** for the named employer;
  - are **not** covered by a collective agreement; and
  - file the complaint within **90 days** of the date of dismissal.
- Before completing this form, please review the [Filing a Complaint](#) publication and consult the list of [federally regulated](#) industries.
- For more information on federal labour standards, visit [canada.ca/federal-labour-standards](http://canada.ca/federal-labour-standards) or call toll free 1-800-641-4049, Teletypewriter (TTY) users 1-800-926-9105.
- Send the completed form to the nearest [Labour Program Office](#).

#### SECTION A - YOUR PERSONAL AND WORK INFORMATION

Last/Family Name		First/Given Name		Middle Initial
Mailing Address (number, street, apartment, PO box, rural route)				
City/Town		Prov./Territory	Postal Code	Telephone
Telephone (alternate)	Job Title			Temporary Foreign Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
First day of work (YYYY-MM-DD)	Last day worked or date of dismissal (YYYY-MM-DD)			<input type="checkbox"/> Still Employed

#### SECTION B - EMPLOYER INFORMATION

Full legal name of employer, company or business		Industry or business type		
Is this business operating under another name? <input type="checkbox"/> Yes (provide the name) <input type="checkbox"/> No				
Your workplace address (number, street, apartment, PO box, rural route)				
City/Town		Prov./Territory	Postal Code	
Employer's contact person		Title	Telephone	
Employer's business or mailing address (if different from above) (number, street, apartment, PO box, rural route, city/town, province/territory, postal code)				
Is employer still in business? <input type="checkbox"/> Yes (Go to section C) <input type="checkbox"/> No (Complete below)				
If no, specify <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Closed its doors <input type="checkbox"/> Other				
Date (YYYY-MM-DD): _____				
If other, specify: _____				



**SECTION C - UNJUST DISMISSAL COMPLAINT ALLEGATIONS**

**I was dismissed by my employer and I believe that the dismissal was unjust (Complete below)**

Did you work for **12 or more consecutive months** for the named employer?  Yes (Complete below)  No (Go to section D)

Did the employer give you the reasons for your dismissal in writing?  Yes  No

**If yes, please enclose a copy of any documentation provided by the employer regarding your dismissal.**

**SECTION D - MEMBER OF A GROUP OF EMPLOYEES SUBJECT TO A COLLECTIVE AGREEMENT**

Were you covered by a collective agreement when you were dismissed?  Yes (Complete below)  No (Go to section E)

Provide full union's name and local

Did you file a grievance related to the same event(s)?  Yes  No

Name of union representative	Telephone
------------------------------	-----------

**SECTION E - REPRESENTATION BY A LEGAL COUNSEL OR ANOTHER INDIVIDUAL (e.g. spouse, common-law partner, other family member or friend)**

Are you represented by a legal counsel or another individual?  Yes (Complete Part A or Part B)  No (Go to section F)

**Part A – Representation by a legal counsel**

Full legal counsel's name

Name of the Law Firm (if applicable)

Complete Address (number, street, apartment, PO box, rural route) and telephone

**Part B – Representation by another individual** (who is not a legal counsel) e.g. spouse, common-law partner, other family member or friend.

Authorized person's Last/Family name	Authorized person's First/Given name
--------------------------------------	--------------------------------------

Address (number, street, apartment, PO box, rural route)

City/Town	Prov./Territory	Postal Code	Telephone
-----------	-----------------	-------------	-----------



**SECTION F - ELIGIBILITY FOR AN EXTENSION OF TIME TO FILE A COMPLAINT**

**COMPLAINT FILED WITH ANOTHER GOVERNMENT OFFICIAL**

Another government agency may include: a Provincial or Territorial government, a Human Rights Commission, a Workers Compensation Board or a federal official that you believe had the authority to deal with the complaint.

**If you filed an Unjust Dismissal complaint with another government official that had no authority to deal with the complaint, an extension of time to file such complaint with the federal Labour Program may be allowed if you:**

- worked **12 consecutive months or more** for the named employer;
- were **not** covered by a collective agreement; and
- filed the original complaint within **90 days** of the date of dismissal

Did you file an Unjust Dismissal complaint with another government official?  Yes (Complete below)  No (Go to section G)

If yes, with which government official?

If yes, was the Unjust Dismissal complaint filed with the other government official within 90 days of the date of dismissal?

Yes (Complete below)  No (Go to section G)

If yes, date you filed your complaint with the other government official (YYYY-MM-DD)

If you answered **Yes** to all the questions above, you may be eligible for an extension of time.

The Labour Program will notify you of its decision.

**Enclose copies of all supportive documents** (e.g. a copy of the stamped complaint or the letter from the other government official).

**SECTION G - RESTRICTION ON FILING MULTIPLE COMPLAINTS FOR SUBSTANTIALLY THE SAME FACTS (Subsections 251.01(3.1) and 251.01(4) of the Canada Labour Code (Code))**

**This complaint** cannot be filed if a Monetary and/or Non-monetary complaint (251.01(1) of the Code), a Reprisal complaint (246.1(1) of the Code) or a Genetic Testing complaint (247.98 of the Code) has already been filed, that is based on substantially the same facts, unless that complaint has been withdrawn.

Despite what is written above, a Monetary and/or Non-monetary complaint may be filed if it relates only to the payment of your wages or other amounts to which you are entitled, including amounts further to a group termination, an individual termination or severance pay. The Monetary and/or Non-monetary complaint will be **suspended** until the day on which the Genetic Testing complaint, Reprisal complaint or Unjust Dismissal complaint, as the case may be, is withdrawn or resolved.

As such,

Did you file a Reprisal complaint with the Canada Industrial Relations Board (CIRB)?

Yes  No

If yes, provide the date you filed your complaint (YYYY-MM-DD):

Did you file a Genetic Testing complaint with the Labour Program?

Yes  No

If yes, provide the date you filed your complaint (YYYY-MM-DD):

Did you file a Monetary and/or Non-monetary complaint with the Labour Program?

Yes  No

If yes, provide the date you filed your complaint (YYYY-MM-DD):



**SECTION H - PRIVACY NOTICE**

Your personal information is administered in accordance with the [Canada Labour Code](#) and the [Privacy Act](#). You have the right to the protection of, and access to, your personal information, which is described in Personal Information Bank # HRSDC PPU 0 0 6. Instructions for obtaining this information are outlined at the following web site: <https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html>.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. These additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

If your complaint results in a decision from the Canada Industrial Relations Board, this decision and your identity may be made available to the public.

**Is the employer aware of your address and telephone number as indicated on this complaint form?**

- Yes (Go to section I)       No (Complete below)

**If no, do you allow the Labour Program to share your address and telephone number with the employer or its representative during the course of the complaint investigation?**

- Yes, I allow the Labour Program to share my address and telephone number with the employer or its representative.  
 No, I do not allow the Labour Program to share my address and telephone number with the employer or its representative.

**SECTION I - SIGNATURE OF THE COMPLAINT FORM**

**BY THE EMPLOYEE (NO REPRESENTATION)**

I (Complainant) certify that the information given on this form is, to the best of my knowledge, true and correct.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Complainant      Signature      Date (YYYY-MM-DD)

**BY A LEGAL COUNSEL OR ANOTHER AUTHORIZED INDIVIDUAL**

I (Authorized person\* / Legal counsel) certify that the information given on this form is, to the best of my knowledge, true and correct.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Authorized person\* / Legal counsel      Signature      Date (YYYY-MM-DD)

**\*IMPORTANT: The authorized person (who is not a legal counsel) must detain a proxy and attach such document to this form. The complaint will be considered officially filed at the Labour Program the date the proxy is provided.**

**SECTION J - REMEMBER TO**

- Sign and date the form  
 Complete all applicable sections

**Enclose clear copies of all documents in support of your complaint such as:**

- Letter of dismissal from your employer
- Record of Employment
- Letter of a government official declining jurisdiction on your dismissal complaint (if applicable)



**FOR OFFICE USE ONLY**

Received date (YYYY-MM-DD):

Name of receiving official:

Received via: (check one)

In person     Mail     Fax     Other:

Forwarded to (district office)

LA2000 / ILS Assignment No.:

Date Acknowledgement Letter of Receipt sent to complainant (YYYY-MM-DD):

**FOR OFFICE USE ONLY - EXTENSION OF TIME TO FILE A COMPLAINT**

**Complaint alleging Unjust Dismissal must be filed at any Labour Program office within 90 days from the date of dismissal.**

**Extension** – An extension of time to file a complaint is applicable when a complaint was filed within the period established by the Code, but to a government official (e.g. a provincial or territorial government) who had no authority to deal with the complaint, but the person making the complaint believed the official had that authority.

**DECISION OF THE REGIONAL MANAGER**

Extension of time is granted

By the power delegated to me by the Minister of Labour, I extend the period of time to file a complaint of Unjust Dismissal because I am satisfied that a complaint was filed within the period established by the Code, but to a government official who had no authority to deal with the complaint, but the person making the complaint believed the official had that authority.

The date extended is the date that the complaint was filed with the Labour Program.

Date (YYYY-MM-DD):

\_\_\_\_\_  
Name of the Regional Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

Extension of time is not granted

\_\_\_\_\_  
Name of the Regional Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

Comments