



## COMPLAINT REGISTRATION

**DO NOT USE FOR REFUSALS TO WORK IN CASE OF DANGER** (refer to section 128 of the Code)

**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)*

SECTION A - INFORMATION ABOUT COMPLAINANT		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First or Given Name:
Mailing Address:		Middle Initial:
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="checkbox"/> No <input type="checkbox"/>
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="checkbox"/>	Name of Employer Health & Safety Co-Chair:	Telephone No. (including area code):
Representative? Yes <input type="checkbox"/>	Name of Employee Health & Safety Co-Chair or Representative:	Telephone No. (including area code):
SECTION C - INFORMATION ABOUT YOUR COMPLAINT		
Complaint concerns: (check one)		
<b>Canada Labour Code Part II</b> <input type="checkbox"/>	<b>Non-smokers' Health Act</b> <input type="checkbox"/>	<b>Hazardous Products Act</b> <input type="checkbox"/>
Work Site Address (if different from above):	Location at work site:	
Nature of Complaint:		
Continued on separate page YES <input type="checkbox"/>		
Was your complaint discussed with your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**SECTION D - INTERNAL COMPLAINT RESOLUTION PROCESS** [refer section 127.1 of the Code] (to be filled in for complaints under Part II)

Name of supervisor complaint was discussed with:	Telephone No. (including area code):	Date of Discussion (YYYY-MM-DD):
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Action Taken:

Name of Persons who jointly investigated the complaint :	Employer rep :	Telephone No. (including area code):	Investigators determined complaint justified : YES <input type="checkbox"/> NO <input type="checkbox"/> Could not agree <input type="checkbox"/>
	Employee rep :	Telephone No. (including area code):	

Date written report received from joint investigators (YYYY-MM-DD):	Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employer's Response, to be completed if investigators found complaint justified:

Was this complaint discussed with another government representative?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
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**SECTION E**

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

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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: