

## Introduction

- This form can be completed and sent to one of four Employment Standards offices in Alberta (see next page). To speed up this process, we strongly encourage you to use the online version of this form found at <http://employment.alberta.ca/escomplaint>.
- This form helps you to provide the information we need to review your complaint and begin an investigation, if necessary. Your complaint will be reviewed within four to eight weeks of our receipt of this form, and a decision will be made as to how to proceed. We may need to contact you, so be sure to provide your current contact information.
- For more information about the investigation process see the Employment Standards Complaint Process found at: <http://employment.alberta.ca/escomplaint>.
- Complaints must be about matters employment standards legislation covers. Check the standards and definitions found at: <http://employment.alberta.ca/es-definitions> to confirm that your concerns are covered by the Employment Standards Code and Employment Standards Regulation.
- If you have questions about whether your complaint is for matters covered by the legislation, or about the complaint process, about how to submit this form, please call Employment Standards at 780-427-3731 in Edmonton or toll free in Alberta at 1-877-427-3731.
- Note: If your worksite address is not in Alberta Canada, you may not use this form to file your complaint. For more information, please see the ES Complaint Outside Alberta resource found at: <http://employment.alberta.ca/ESExternComplaint>.
- During the standard course of investigating your complaint, we will indicate your name to the employer about which you are complaining, even if you are still employed.
- Helpful tips are available for each of the boxes in this form. Each box contains a small grey number that corresponds to a tip in the Tip Sheet section found at the back of the form.
- Employees are encouraged to attempt to resolve their dispute directly with employer. Employment Standards offers a Self Help kit found at <http://employment.alberta.ca/ES-Self-Help-Kit> to assist employees.
- If you are unable to resolve the matter by yourself, please complete this Complaint by Employee form and send it to Employment Standards.

## Frequently Asked Questions

### Is there a time limit for filing a complaint?

Complaints must be received by Employment Standards no later than six months after the end of employment. For example, if the last day of employment was September 15, 2011, the complaint must be filed by March 15, 2012. In all cases, complaints should be filed as soon as possible.

### Is it possible to file a late complaint?

If more than six months have passed since your last day of employment, the Director of Employment Standards may grant an extension if the Director considers there were extenuating circumstances.

For example, time limits have been extended when:

- Through illness or incapacity an employee was unable to file a claim.
- An arbitration award held that no remedy was provided under a collective agreement.

To request an extension, please use the template found at <http://employment.alberta.ca/Late-Complaint-Request> to write a letter outlining your extenuating circumstances, and send it to:

Alberta Human Services  
Employment Standards Program  
Suite 150, 7147 – 7 Ave. SW  
Calgary, AB T2P 0Z3

or

Alberta Human Services  
Employment Standards Program  
Main floor, 9940 – 106 Street NW  
Edmonton, AB T5K 2N2

### How do I file a complaint?

Fill out the Complaint by Employee form fully. Attach to your complaint form any documents that may help with the investigation. This could include copies of:

- Letters you sent to the employer
- Letters from your employer
- Pay stubs
- Your record of hours worked
- Your Record of Employment
- Overtime banking agreement

Make and keep a copy of the completed complaint form. Send your completed complaint form to the nearest Employment Standards complaint processing office.

Calgary	Edmonton	Lethbridge	Red Deer
Suite 150 Elveden Centre 717 – 7 Avenue SW Calgary, AB T2P 0Z3	Main floor Sterling Place 9940 – 106 Street NW Edmonton, AB T5K 2N2	Room 360 Provincial Building 200 – 5 Avenue South Lethbridge, AB T1J 4L1	Room 209 Provincial Building 4920 – 51 Street Red Deer, AB T4N 6K8

### Can I get help to complete the form?

Yes. For help, call Employment Standards at 780-427-3731 in Edmonton, or toll free in Alberta at 1-877-427-3731. Please note: Complaints must be received either online or in paper form. Complaints cannot be filed over the telephone.

For the deaf or hard of hearing with TDD/TDY units, call 780-427-9999 in Edmonton, or toll free in Alberta at 1-800-232-7215.

## Employee Information

\* The questions marked with a red star must be completed.

### Employee Information

Please tell us your full legal name, which will be used on official documents.

* First Name 1	Middle Name 2	* Last Name 3	* Date of Birth 4
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### Contact Information

Please tell us how to contact you.

Phone Number 5	Secondary Phone Number 6
Fax Number 7	Email Address 8

### Residential Address

Please tell us where you live so that we can deliver documents to you in person if required.

* Street Address 9	* City 10	
* Canadian Province 11	* Country 12	* Postal Code 13

### Alternate Contact Information

If your current contact information and address is temporary please give us an alternate address where we may contact you. This information is very important if you are a temporary foreign worker and intend to move out of Alberta.

* Primary Phone Number 14	Secondary Phone Number 15	
Fax Number 16	Email Address 17	
Street Address 18	City 19	
Province/State 20	Country 21	Postal Code 22

## Employer Information

### Employer Information

Please identify the employer you are filing this complaint against.

* Business Name 23	Legal Name 24
* Nature of Work (Refer to list in the Tip Sheet) 25	
* Name of your Supervisor or Manager 26	Name of Person who hired you 27
* Primary Phone Number 28	Secondary Phone Number 29
Fax 30	Email 31
General Contractor or Project Name 32	Website of Business 33

### Business Address

Please indicate the employer's business address. This address may be different than the address of the worksite, such as a corporate head office or main branch.

* Street Address 34	* City 35
* Province/State 36	* Country 37
	* Postal Code 38

### Worksite Address

Please indicate the address where you worked if different from the employers business address (above). If no street address is available please describe to the best of your ability.

If the worksite address is not in Alberta Canada, you may not use this form to file your complaint. Please see the resource: <http://employment.alberta.ca/ESEExternComplaint> for more information.

Street Address 39	City 40
Province/State 41	Country 42
	Postal Code 43

Comments

44

## Employment History

### Employment History

Please tell us about your employment with the company you are filing this complaint against.

45 * Job Title	* Date You Were Hired 46	* Date Last Worked 47
48 * Were you working for the employer as a temporary foreign worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Did you keep records of hours worked? 49 <input type="checkbox"/> Yes <input type="checkbox"/> No	
50 * How did your employment with the employer end? <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> I still work there		
51 * Are you covered by a collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

52 \* Are you covered by an employment contract?  Yes  No If yes, please provide details:

### Pay Information

Please tell us how much and how often you were paid.

53 \* What was your rate of pay for the period you are claiming? I was paid \$ \_\_\_\_\_ per \_\_\_\_\_

54 \* Pay Period  Daily  Weekly  Biweekly  Semimonthly  Monthly

55 \* Hours per Day \_\_\_\_\_ \* Hours per Week 56 \_\_\_\_\_ \* Did you sign a written overtime agreement?  Yes  No 57

## Claim Information

### 58 Claim Dates & Amounts

What money do you feel the employer still owes you? Please complete all that apply.

	Date From	Date To	Canadian Dollar Amount
Wages/Deductions:	_____	_____	\$ _____
Overtime:	_____	_____	\$ _____
Vacation Pay:	_____	_____	\$ _____
General Holiday Pay:	_____	_____	\$ _____
Termination Pay:	_____	_____	\$ _____
Maternity/Parental Leave:	_____	_____	\$ _____
Other:	_____	_____	\$ _____

**59 Claim Description**

\* Please tell us why the employer still owes you money:

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**Declaration**

**Declaration**

60 Please read the following statements and check the box before each statement to indicate you agree with the statement.

\* You must place an X in the first five boxes below (identified with red stars) to indicate you agree with these statements before you submit this complaint to us.

- \* I am the employee noted in this complaint form. I am not making this complaint on behalf of another individual.
- \* The information I have provided is true and complete.
- \* I will inform Employment Standards of any changes to my address or phone number, and any partial or full payments received directly from the employer during the investigation.
- \* I provide my consent for Employment Standards to disclose my personal information (name, job title, or other identifying information) to the employer and I understand that Employment Standards accepts this electronic consent as my permission to do so.
- \* A copy of this complaint, with my contact information removed will be sent to the employer. Any information I provide during the investigation may be shared with the employer.
- If necessary, I agree that Alberta Employment Standards can send my complaint to another Canadian Employment Standards Office for investigation.
- If my complaint results in a judgment against the employer, I agree that Employment Standards may take collection efforts on my behalf. This may include referring the judgment to a collection agency. If referral is made to a collection agency, the agency is authorized to collect a fee from my employer in addition to the amount of the judgment. Where the agency is able to collect only part of the judgment the agency will retain its fee out of the amount collected reducing the amount paid to me.

Signature of Employee		Date (yyyy/mm/dd)
<b>Office Use Only</b>		
Received by <input type="checkbox"/> Mail <input type="checkbox"/> Interview	Claim Number	Date (yyyy/mm/dd)

## *Tip Sheet*

### Employee Information

#### Personal Information

1. First Name – Enter your legal first name.
2. Middle Name – If you have a middle name, enter it in full.
3. Last Name – Enter your last name (also known as your surname).
4. Date of Birth – Enter your date of birth.

#### Contact Information

5. Phone Number – Enter the best phone number to contact you.
6. Secondary Phone Number – Enter another number to contact you if we are unable to contact you at your primary phone number.
7. Fax Number – If you have the ability to receive faxes, provide the fax number.
8. Email Address – Enter your email address if you have one that we can use to contact you.

#### Residential Address

9. Street Address – Enter your physical street address even if your mailing address is a post office box number.
10. City – Enter the name of the city where you live.
11. Canadian Province – Enter the name of the province where you live.
12. Country – Enter the name of the country where you live.
13. Postal Code – Enter the postal code associated with your street address.

#### Alternate Contact Information

14. Primary Phone Number – Enter the best phone number to contact you.
15. Secondary Phone Number – Enter another number to contact you if we are unable to contact you at your alternate phone number.
16. Fax Number – If you have the ability to receive faxes, provide your fax number.
17. Email Address – If you have a personal email at the alternate address, enter it here so we may correspond with you.
18. Street Address – Enter the physical street address even if the mailing address is a post office box number.
19. City – Enter the name of the city where you live.
20. Province/State – Enter the name of the province where you live.
21. Country – Enter the name of the country where you live.
22. Postal Code – Enter the postal code associated with your street address.

### Employer Information

#### Employer Information

23. Business Name – Enter the name the business uses in its day to day operations. Usually this is the name on the company sign.
24. Legal Name – If you know the legal name of the employer, enter it here. This could be a numbered company name.
25. Nature of Work – Select the category which best describes the type of business.
  - Accommodation and Food Services
  - Administrative and Support, Waste Management and Remediation Services
  - Agriculture, Forestry, Fishing and Hunting

- Arts, Entertainment and Recreation
- Construction
- Educational Services
- Finance and Insurance
- Health Care and Social Assistance
- Information and Cultural Industries
- Management of Companies and Enterprises
- Manufacturing
- Mining, Quarrying, and Oil and Gas Extraction
- Other Services (except Public Administration)
- Professional, Scientific and Technical Services
- Public Administration
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade

26. Name of your Supervisor or Manager – Enter the first and last name of the person you reported to.
27. Name of Person who hired you – Enter the first and last name of the person who hired you.
28. Primary Phone Number – Enter the business phone number.
29. Secondary Phone Number – Enter a secondary number for the employer e.g. a cell number, or alternate office number.
30. Fax – Enter the employer’s fax number.
31. Email – Enter the employer’s email.
32. General Contractor or Project Name – Enter the General Contractor company name or Project Name.
33. Website of Business – Enter the website address of the business here.

### Business Address

34. Street Address – Enter the physical street address of the employer (physical location of the business) even if they have a mailing address with a post office box number. This could also be the employer’s residence address if there is no business address location.
35. City – Enter the name of the city where the employer is located.
36. Province/State – Enter the name of the province.
37. Country – Enter the name of the country.
38. Postal Code – Enter the postal code associated with the street address.

### Worksite Address

39. Street Address – Enter the physical street address where you performed the work. Should your worksites vary from day to day, provide details in the comment section of this complaint (Box 44).
40. City – Enter the name(s) of the city.
41. Province/State – This is automatically set to Alberta. You cannot change it.
42. Country – This is automatically set to Canada. You cannot change it.
43. Postal Code – Enter the postal code associated with the street address.
44. Comments – Use this area to provide details should your worksites vary from day to day.

### Employment History

#### Employment History

45. Job Title – Enter your job title.
46. Date You Were Hired – Enter the date on which you started work for the employer.

47. Date Last Worked – Enter the date when you last worked for the employer.
48. Were you working for the employer as a temporary foreign worker – If you came to Canada to work, you may be a temporary foreign worker. Select Yes or No.
49. Did you keep records of hours worked – Select Yes or No. If yes, ensure that you send them when requested to do so.
50. How did your employment with the employer end – Select one of the following options.
  - Quit
  - Fired
  - Laid Off
  - I still work there
51. Are you covered by a collective agreement – Select Yes or No. If yes, provide details.
52. Are you covered by an employment contract – Select Yes or No. If yes, provide details.

## Pay Information

53. What was your rate of pay for the period you are claiming – Enter the amount of money you received and include whether it was per Hour, Day, Week, Month, Year or Other.
54. Pay Period – How often were you paid. Select one of the following options:
  - Daily
  - Weekly
  - Bi-Weekly
  - Semi-Monthly
  - Monthly
55. Hours per Day – Enter the number of hours you usually worked in a day.
56. Hours per Week – Enter the number of hours you usually worked in a week.
57. Did you sign a written overtime agreement – Select Yes or No. If you have a copy of the agreement, please have it available for the investigating officer upon request.

## Claim Information

### Claim Dates & Amounts

58. Fill out the table to enter the money you feel the employer still owes you. Complete all rows that apply. Enter a **From** date and a **To** date as well as the dollar amount in Canadian funds.

### Claim Description

59. Explain in detail why you think the employer still owes you the amounts claimed. List any witnesses and any further information to support your claim.

## Declaration

### Declaration

60. Read the statements and check the box before each statement to indicate you agree with the statement. You must place an X in the first five boxes (identified with red stars) to indicate you agree with these statements before you submit this complaint.