

**SUMMARY OF PROCEDURE AND DECLARATION WITH RESPECT TO
EMPLOYMENT AND LABOUR RELATED COMPLAINTS**

Email: departmentoflabour@gov.bm

I understand the following:

- I. A complaint should be made within six months of the alleged incident(s).
- II. I must provide a detailed account of my complaint and all relevant documentation.
- III. The assigned Inspector will investigate the facts from both my evidence and my employer's evidence. An attempt will be made to assist the parties to reach a mutually acceptable resolution through mediation. Should there be evidence that suggests that the employer is in breach of the Employment Act 2000 and no settlement has been reached, the Inspector will refer the matter to the Employment and Labour Relations Tribunal.

Please use CAPITALS and PRINT and tick boxes where appropriate

Please give your details:			
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____			
First Name(s):			
Surname:			
Date of Birth:	Day:	Month:	Year:
Address:			
Parish:			
Postal Code:			
Email:			
Telephone:			

Please give details below of the employer whom the complaint is against:	
Name:	
Company Name:	
Address:	
Parish:	
Postal Code	
Telephone:	
Email:	

Documents required to be submitted to assist your complaint: Check all that apply

Pay advice slips	<input type="checkbox"/>	Written Warnings	<input type="checkbox"/>
Employment Contract	<input type="checkbox"/>	Correspondence from Employer	<input type="checkbox"/>
Work Permit	<input type="checkbox"/>	Other Information (describe below)	
Termination Letter	<input type="checkbox"/>		
Employee Handbook	<input type="checkbox"/>		

Before submitting this form, please ensure you have attached copies of the documents checked above.

PLEASE GIVE THE DETAILS OF YOUR EMPLOYMENT BELOW

Employment Title:							
Employment start date:	Day:	Month:	Year:	Employment end date:	Day:	Month:	Year:

I am seeking the following: (check box(s) that apply)		Number of normal basic hours worked each week:	
I. Reinstatement (work in same job as before)		What is your pay period:	
II. Re-engagement (same company, different job)		Gross wage or salary:	
III. Compensation (to get an award of money)		Average take home pay:	

Right to Complain to an Inspector under section 36 of the Employment Act 2000:

Provide your complaint in writing addressed to the Labour Relations Manager.

You must provide a detailed account of your complaint which should include the following information:

- The particulars of the complaint that are in dispute (Who, What, When, Where).
- If a complaint or grievance procedure exists, provide the actions that have been taken for dealing with the complaint.
- What you are seeking to resolve the complaint.
- Date and sign your written complaint.

If you are unsure of your written complaint, you may first seek guidance from a Labour Relations Officer before its final submission.

Before submitting this form, please ensure you have attached your written submission.

If you are represented, please give the details of your representative:

Name:	
Address:	Postal Code
Phone/Fax:	
Email:	
Signed:	Date:

Please complete this section after meeting with the Inspector:

I give the Inspector permission to contact my Employer / Former Employer and to submit my written complaint to my Employer/Formal Employer.

Please ✓ the correct box:

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Signed:		Date:	

I declare that the information I have provided on this form is true and accurate to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Received by: _____ **Date:** _____

Date Received at Department of Labour	
Case Number:	
LRO Initials:	