

# Employment Standards

## Anonymous Complaint Form

Use this form if you want to raise a concern anonymously, whether you are currently an employee or not. This form may also be used to raise a concern on behalf of someone else. Information will not be shared with the employer unless required by law. Complainants will be informed if their information is to be shared.

This form can be used to raise concerns about any potential employment standards violation, including payment of wages, scheduling, leave provisions and more.

Generally employees have up to 12 months after the date wages were due to file a wage claim. Recovery of wages is limited to wages payable within either the 12 months before the claim is made or the 12 months after the end of employment. Refer to section 2-89 of *The Saskatchewan Employment Act* for more details.

Not all workplace complaints should be made with Employment Standards at the Ministry of Labour Relations and Workplace Safety. For example:

- employees in a unionized workplace may need to file a complaint with their union, as the issue may be covered in the collective bargaining agreement;
- employees working outside of Saskatchewan should file a complaint with the employment standards agency of the province where that work is performed;
- employees working in an industry regulated by the federal government (for example employers involved in First Nations government activities, banking, air transportation, telephone and cable systems, grain elevators and seed mills, uranium mining and processing, or licensed inter-provincial trucking) should file a complaint with the Federal Labour Program (Employment and Social Development Canada); and
- independent contractors are not covered by Part II of *The Saskatchewan Employment Act* as they are in business for themselves and are not employees under this legislation.

Employees trying to obtain a record of employment (ROE) should contact Service Canada.

Please call Employment Standards at 1-800-667-1783 if you have questions or concerns about making a complaint, including determining which regulatory agency to file a complaint with.

**All of the employee information provided below will be kept anonymous, unless there is a legal requirement to disclose the information.**

## Employer Information

Name of employer, company, or business: \_\_\_\_\_

Address: \_\_\_\_\_  
Box/Suite Street Number City Province Postal Code

Head office address (if different than above):

\_\_\_\_\_  
Box/Suite Street Number City Province Postal Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer contact: \_\_\_\_\_ Position: \_\_\_\_\_

Work/Site Location (if different than above): \_\_\_\_\_

Type of Business: \_\_\_\_\_

(Optional) Is this a First Nations employer, company or business?\*  Yes  No  Not sure

\*Employment Standards collects this information to determine if complaints should be directed to a federal agency, and to improve standards and services. Aggregate information that does not identify complainants or employers will be shared with the Canadian Association of Administrators of Labour Legislation, a partnership of federal, provincial and territorial jurisdictions. Your response is confidential.

Is the employer still in business?  Yes  No

How many employees are employed by the employer: \_\_\_\_\_

## Complainant Information

**(Complainant information will be kept anonymous, unless there is a legal requirement to disclose.)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Box/suite Street number City Province Postal code

Alternate contact person name: \_\_\_\_\_ Alternate contact phone: \_\_\_\_\_

Job title: \_\_\_\_\_

First day of work (dd/mm/yyyy): \_\_\_\_\_

Are you:  Still employed  Fired  Quit  Laid off

Last day of work, if applicable (dd/mm/yyyy): \_\_\_\_\_

(Optional) Are you or the person your are filing on behalf of a foreign worker?\*  Yes  No

\*Employment Standards collects this information to determine if complainants may need to be referred to the Foreign Worker Recruitment and Protection Unit. Responding to the question is voluntary and your personal information will be kept confidential.

(Optional) Do you or the person you are filing on behalf of identify as Indigenous?\*  Yes  No

\*This is used to track representation of Indigenous employees filing Employment Standards complaints to improve standards and services. Aggregate information that does not identify complainants will be shared with the Canadian Association of Administrators of Labour Legislation, a partnership of federal, provincial and territorial jurisdictions. Your response is confidential.

## Details of Complaint

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Regular wages                 | <input type="checkbox"/> Work schedules         | <input type="checkbox"/> Overtime        | <input type="checkbox"/> Periods of rest       |
| <input type="checkbox"/> Public holiday pay            | <input type="checkbox"/> Meal breaks            | <input type="checkbox"/> Payroll records | <input type="checkbox"/> Annual vacation pay   |
| <input type="checkbox"/> Earnings statements           | <input type="checkbox"/> Reporting for duty pay | <input type="checkbox"/> Hours of work   | <input type="checkbox"/> Deductions from wages |
| <input type="checkbox"/> Other (please specify: _____) |   |  |  |

Details of the complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have relevant records to support your claim?  Yes  No

If **YES**, list records and **ATTACH** copies to this form:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Statement of earning          | <input type="checkbox"/> Paycheque(s)/paystub(s)   | <input type="checkbox"/> Deposit records (e.g. etransfers) |
| <input type="checkbox"/> Employment contract           | <input type="checkbox"/> Letter of offer           | <input type="checkbox"/> Termination notice                |
| <input type="checkbox"/> Time/attendance records       | <input type="checkbox"/> Work calendar/schedule(s) | <input type="checkbox"/> Payment information               |
| <input type="checkbox"/> Other (please specify): _____ |  |  |

If covered under a collective agreement, what is the name of the union: \_\_\_\_\_

Union representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any witnesses who would be willing to speak with Employment Standards?  Yes  No

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Was this complaint made to another provincial or federal government agency?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## Employee Declaration and Signature (optional)

By this submission, I am certifying that the information submitted above is true and correct to the best of my knowledge and belief. I have provided all supporting documents.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (dd/mm/yyyy)

Please drop off or mail this form and all correspondence to the Employment Standards District Office closest to you, or fax it to (306)798-8001. Visit [saskatchewan.ca](http://saskatchewan.ca) for a full list of Employment Standards District Offices.

### FOR OFFICE USE ONLY

Received by:  Mail    In-person    Fax

\_\_\_\_\_  
Signature of Employment Standards Representative

\_\_\_\_\_  
Date received (dd/mm/yyyy)

Referred to: \_\_\_\_\_