

- **Before filing a claim visit Ontario.ca/ESAClaims for information on how to file a claim.**
- Please write your **name at the top of each page**, and include your telephone number, if possible.
- Fields marked with an asterisk (*) are mandatory.
- It is important to provide as much information as possible on the claim form.

When an employee cannot file a claim

Generally, a claim cannot be filed when:

- You have taken court action against your employer for the same issue.
- You are represented by a union and covered by a collective agreement.

This claim form is not intended for you if:

- You work in an industry that falls under federal jurisdiction.
- You want to file a complaint about occupational health and safety.
- You want to file a human rights complaint under the *Human Rights Code*.
- You want to file a claim with the Workplace Safety and Insurance Board (WSIB).
- You are looking for a Record of Employment, Employment Insurance payments or T4 slips and not filing an ESA or EPFNA claim.

Send your completed claim to the Ministry of Labour, Immigration, Training and Skills Development

Please look over your claim form to ensure that you have filled out all necessary sections. Once your claim form has been processed, you will receive a Claim ID Number.

You can file your claim form by **fax** or **mail**.

By fax at 1-888-252-4684.

By mail to:

Provincial Claims Centre
Ministry of Labour, Immigration, Training and Skills Development
70 Foster Drive, Suite 410
Roberta Bondar Place
Sault Ste. Marie ON P6A 6V4

Note: Once your claim has been processed, it will be assigned for investigation.

Once your claim is assigned, the investigating officer will contact you. Claims are investigated in the order in which they are received.

Please only file your claim once. Do not file another claim to provide additional information.

Once you receive your Claim ID Number, make sure you keep it in a safe place.

Please contact the Ministry of Labour, Immigration, Training and Skills Development immediately, if:

- you change your address, phone number, email address or other contact information,
- all or part of your claim is resolved,
- you wish to make changes to your claim, or
- you wish to withdraw your claim.

You must withdraw your claim within two weeks of the date you submit it if you plan to start a court action about one or more of the following issues that you included in your claim:

- unpaid wages
- termination or severance pay
- differentiation in the provision of benefit plans

For more information, please visit the Ministry of Labour, Immigration, Training and Skills Development site at Ontario.ca/Labour, or contact the Employment Standards Information Centre at 1-800-531-5551.

Disclaimer

Any information, either written or spoken, that you provide to the Ministry of Labour, Immigration, Training and Skills Development (Ministry) in support of your claim will be used to investigate compliance with the *Employment Standards Act, 2000* and the *Employment Protection for Foreign Nationals Act, 2009*.

The Ministry collects and will use this information under the authority of the *Employment Standards Act, 2000*, the *Employment Protection for Foreign Nationals Act, 2009* and the *Freedom of Information and Protection of Privacy Act, 1990*.

Any information you provide may be shared with the employer and their representative, if applicable. The Ministry may also otherwise disclose this information as authorized or required by law.

The Ministry or its agent may contact you for the purposes of conducting a survey about the quality of the Ministry's service. The Ministry or its agent may also conduct research into the effectiveness of the Employment Standards Program. Any information you provide to the ministry that is necessary to conduct the survey or research may be shared with the Ministry's agent.

If you have any questions about the collection, use and disclosure of personal information by the Ministry of Labour, Immigration, Training and Skills Development you can call 416-326-7786 or write to:

Ministry of Labour, Immigration, Training and Skills Development
Freedom of Information and Privacy Office
400 University Ave, 10th Floor
Toronto ON M7A 1T7

Claim type

Are you filing a claim under the *Employment Standards Act, 2000* (ESA)? ☒ Yes ☐ No

The ESA sets out minimum rights for most employees in Ontario workplaces. It includes standards on payment of wages, public holidays, hours of work, overtime pay, vacation time and pay, leaves of absence, termination and severance pay. For more information on the ESA, visit [Ontario.ca/ESAGuide](https://ontario.ca/ESAGuide).

Are you filing a claim under the *Employment Protection for Foreign Nationals Act, 2009* (EPFNA)? ☐ Yes ☐ No

The EPFNA applies to foreign nationals who are employed or are seeking employment in Ontario through an immigration or foreign temporary employee program. For example, if you are employed or looking for employment in Ontario through the federal Temporary Foreign Worker Program or the Seasonal Agricultural Worker Program, the EPFNA would likely apply to you. For more information on the EPFNA, visit [Ontario.ca/EPFNA](https://ontario.ca/EPFNA).

Personal information (Complete this section if you are filing a claim under the ESA and/or EPFNA)

Last Name *	First Name	Middle Name
Guerette	Gavin	Erich
Previous Last Name	Preferred Name	
	Gavin	
Date of Birth (Students Only) (yyyy/mm/dd)	Email Address	
1994/08/02	gavin.guerette@gmail.com	

Telephone Number

Home 591-401-7969	Mobile 519-401-7969	Work	ext.
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Mailing address

Unit Number	Street Number *	Street Name *
	134	Aberdeen St
PO Box	Rural Route	City/Town *
304		Merlin
Province/State *	Postal/Zip Code *	Country *
Ontario	N0P 1W0	Canada

Claimant Last Name *	Claimant First Name *	Telephone Number *
Guerette	Gavin	591-401-7969

Physical address

☒ Same address as above

Unit Number	Street Number	Street Name
PO Box	Rural Route	City/Town
Province/State	Postal/Zip Code	Country

Authorization (Complete this section if you are filing a claim under the ESA and/or EPFNA)

Note: Even if you authorize someone to act on your behalf, we may still need to speak with you.

Do you authorize anyone to act on your behalf (e.g. a family member, a friend, or legal counsel)? ☐ Yes ☒ No

If you answered "Yes" please complete the following:

Last Name	First Name	Preferred Name
Relationship	Telephone Number	Email Address

Information about the Employer (Complete this section if you are filing a claim under the ESA and/or EPFNA)

Business name * (If you do not know the employer's name, write down what you do know.)

Bankes Holdings Ltd

If this business operates using any other names, please provide them.

Name

Name

Is the business: ☒ Still operating ☐ No longer operating ☐ In receivership or bankruptcy ☐ Do not know

If in receivership/bankruptcy, provide the receiver or trustee's name.

Business Website	Email Address	Telephone Number
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Work address (For example: job site, branch office, primary work location)

☐ I don't know my employer's address

Unit Number	Street Number *	Street Name *
910	405	The West Mall
PO Box	Rural Route	City/Town *
		Etobicoke
Province/State *	Postal/Zip Code *	Country *
Ontario	M9C 5J1	Canada

Claimant Last Name *	Claimant First Name *	Telephone Number *
Guerette	Gavin	591-401-7969

Business address (For example: head office, main office or headquarters)

☒ **Same address as above**

Unit Number	Street Number	Street Name
PO Box	Rural Route	City/Town
Province/State	Postal/Zip Code	Country

Business contact

Last Name	First Name	Position/Occupation
Thompson	Alicia	HR
Email Address	Telephone Number	Website
alicia@bankesholdings.ca	647-795-5703	https://bankesholdings.ca

Information about the Recruiter

(Complete this section if you are filing a claim under the EPFNA that relates to a recruiter)

Name of Recruiter (Provide the name of the recruiter. If you do not know the name, write down what you do know.)

If this recruiter operates using any other name(s), please provide the other name(s).

Name

Name

Is the recruiter: ☐ Still operating ☐ No longer operating ☐ In receivership or bankruptcy ☐ Do not know

If in receivership/bankruptcy, provide the receiver or trustee's name.

Recruiter Website	Recruiter Email Address	Telephone Number
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Address of Recruiter

☐ **I don't know my recruiter's address**

Unit Number	Street Number *	Street Name *
PO Box	Rural Route	City/Town *
Province/State *	Postal/Zip Code *	Country *

Recruiter contact

Last Name	First Name
Position	Email Address
	Telephone Number

Claimant Last Name *
Guerette

Claimant First Name *
Gavin

Telephone Number *
591-401-7969

ESA workplace concerns (Complete this section if you are filing a claim under the ESA)

For more information on ESA workplace concerns visit Ontario.ca/ESAGuide.

☒ I have a concern about **what** I'm being paid. Please enter any total amounts owed below if known.

☒ Regular wages \$0.00 ☒ Vacation pay \$0.00

☒ Public holiday pay \$0.00 ☒ Overtime pay \$0.00

☒ Termination pay \$0.00 ☐ Tips or other gratuities \$

☒ I have a concern about **how** I'm being paid (e.g. I was not paid in a method agreed to, I did not receive a pay stub, etc.)

☒ I have a concern with the documents I was supposed to receive (e.g. I did not receive a poster, a written policy on disconnecting from work or a written policy on electronic monitoring within the specified timeframe, etc.)

☐ I have a concern about my working hours (e.g. I worked more than the daily or weekly limits, I did not receive a proper lunch break, etc.)

☒ I have a concern about how the employer classified my employment (e.g. I was treated as an independent contractor, volunteer or worker not covered by the ESA)

☒ I have a concern regarding being penalized (or threatened to be penalized) because I tried to exercise my rights under the ESA (e.g. I asked questions about my pay, I gave information to an employment standards officer, etc.)

☐ I have one or more of the following concerns about my time off from work (Check all that apply)

☐ Vacation time ☐ Public holidays ☐ Leave of absence

☐ I have a concern about other employment standards (e.g. the employer required I take a lie detector test, the employer provided me with a benefit plan that was discriminatory, the employment contract (or other agreement) includes a non-compete clause, etc.)

☐ I have a concern regarding a Temporary Help Agency (THA) (e.g. I was charged a prohibited fee, the THA didn't allow the client business to provide me with a job reference, I was not provided with notice for the termination of an assignment, etc.)

Additional information about your ESA claim

Please provide specific details about the ESA concern(s) you have identified to assist the employment standards officer investigating your claim (if you need more room, add an additional page).

I started working for the company May 18th as an intern with no payment details ever discussed. I was fired the week after providing John tax info on paying co-op students. Upon termination, I was provided a letter saying I will not be compensated for my time, they claim 8 hours. I made myself available for a total of 10 hours (explanation below), at the rate of the job listing applied to, I should be entitled to \$360.58 (the max rate of \$48,000/yr at 25hrs/wk).

When I was hired, I was seeking a co-operative education opportunity in my 3 year degree program for Computer Programing and Analysis. Students at Fanshawe college are encouraged to find payed co-ops. I didn't hide the facts that I hadn't worked with the framework in the past nor that I expected to be paid, John reassured me I'd learn on the job. The first shift was a 4 hour orientation where I wasn't given proper install instructions by their lead developer Laravel (the framework mentioned), and I fixed that over the long weekend following the shift on the 18th. I was scheduled for another shift for the 25th that was to be 4 hours as well but it was canceled 45 minutes into the shift, I was the only one present. The final shift was brought up hours before starting and I was fired 10 minutes in because I didn't know Laravel well enough. My take from this experience, as well as multiple email communications between myself and HR (PSA) is that they never had an intention to pay me nor teach me Laravel. Their expectation for me was to work on this on my own time. I had started my own project, but had not worked enough to impress their developer.

Telephone Number *
591-401-7969

Claimant Last Name *	Claimant First Name *	Telephone Number *
Guerette	Gavin	591-401-7969

Monetary details

Based on the ESA workplace concerns you have selected, if you are owed money, how much do you believe you are owed?	\$ 360.58
Based on the EPFNA workplace concerns you have selected, if you are owed money, how much do you believe you are owed?	\$

Acknowledgement and signature * (This claim must be signed and dated)

By signing below, I declare that this information is complete and accurate to the best of my knowledge.

Name *	Signature *	Date (yyyy/mm/dd) *
Gavin Guerette		2023/06/13

☐ I prefer to be contacted by a bilingual (English and French) officer