

OVERVIEW

Employers must pay wages according to [B.C. employment standards](#). You can ask us to resolve employment standards concerns about an employer or recruiter by submitting a complaint. Use this form to submit a complaint for any concerns related to the Employment Standards Act or Temporary Foreign Worker Protection Act.

This process can take several months. We might be able to resolve your concerns by speaking with the employer or [starting an investigation](#). Your concerns may be shared with the employer.

Not every work issue, workplace or type of work is covered by employment standards.

You can [find out if B.C. employment standards apply](#) to your work situation.

BEFORE YOU START

Provide as much information as possible

Gather all relevant details to help process your complaint. The more information you can provide, the better.

Fill out the complaint form as accurately and completely as you can. Inaccurate and incomplete information can delay a complaint investigation.

Part 1 – About the employee

- Information and contact details about the employee
- If the complaint is not about a specific employee, skip this part

Part 2 – About the representative or third party

- Skip this part if you do not have a representative
- If you're filing on behalf of someone or the complaint is not about a specific employee, provide your contact information
- If the complaint is for more than one person, provide a contact list for all employees being represented

Part 3 – About the employer(s)

- Information and contact details about the employer(s)

Part 4 – About your work

- Information about your work such as start and end dates, wage rate and job description
- If the complaint is not about a specific employee, skip this part

Part 5 – About your concern

- Details about the situation that led to this complaint

Part 6 – About the resolution

- The amount you think is owed and potential resolution

You may have evidence to help resolve your issue.

When Employment Standards starts investigating your complaint, we may ask you to provide some of this evidence.

KNOW THE TIME LIMIT

Under the Employment Standards Act:

Working for the same employer. Issues will be reviewed up to 1 year before the date your complaint is received. You can ask that your complaint be kept confidential to protect your working relationship with your employer.

Not working for the same employer. You must file your complaint within 6 months of your last day of work or the last day of your temporary layoff. Issues from the last year of your employment will be reviewed.

Under the Temporary Foreign Worker Protection Act:

A complaint about a concern covered by the Temporary Foreign Worker Protection Act must be submitted within 2 years of the date of the alleged contravention.

SUBMIT YOUR COMPLAINT

For fast processing, we recommend submitting an online complaint form found at:

services.labour.gov.bc.ca/Complaints

You will receive an automatic email that confirms your submission.

You can also submit this application package by:

Mail: Employment Standards Branch
PO Box 9570 Stn Prov Govt
Victoria, BC V8W 9K1

Toll-free fax: 1-855-490-0476

Email: EmploymentStandards@esb.gov.bc.ca

Need help filling out this form? Get help in the language of your choice. Call toll-free **1-833-236-3700**

The personal information on this form is collected by the Province of British Columbia for the purposes of administering and enforcing the Employment Standards Act and/or the Temporary Foreign Worker Protection Act under the authority of s.26(a), (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Employment Standards Branch at PO Box 9570 Stn Prov Govt, Victoria, BC V8W 9K1, by phone: 1-833-236-3700 or by email: EmploymentStandards@esb.gov.bc.ca.

PART 1: ABOUT THE EMPLOYEE

If you're completing this form on behalf of a specific employee (including yourself), enter the employee's information on this page. Skip this part if the complaint is not about a specific employee.

Given name		Middle name (optional)		Family name
Preferred name(s) (optional)			Preference for being addressed (optional)	
Email address	<input type="checkbox"/> No email	Telephone number	<input type="checkbox"/> No telephone	Alternate telephone number
Street address	<input type="checkbox"/> No address	Apartment, suite, unit, floor etc.		City
Province/Territory/State		Country		Postal Code
Are you under 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you consent to share your contact information with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
We can keep your contact information private. For example, you may not want to share a new phone number or address if the employer does not have your current information. If you want your name to remain confidential, you must tell us when you fill out Part 5 - About Your Concern on page 6.				
Do you identify as First Nations, Métis or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer				
Do you require any of the following special accommodations? <input type="checkbox"/> Trouble understanding English <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other special accommodations (Please describe below):				

PART 2: ABOUT THE REPRESENTATIVE OR THIRD PARTY

Complete this part if:

- You have someone to help or represent you
- You are completing this form for someone else
- Your complaint is not about a specific employee

If you are an individual employee and no one is representing you, skip this part.

Given name	Middle name (optional)	Family name
Preferred name(s) (optional)		Preference for being addressed (optional)
Email address	Telephone number	Alternate telephone number
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

Describe the nature of the representative or third party's relationship (For example, lawyer, friend, family member).
If you have any documents authorizing the representative to represent the employee, please attach copies to this form.

PART 3: ABOUT THE EMPLOYER(S)

We need to contact the employer to resolve your concerns. We also need to know details about the business and employment situation. If more than one employer is involved, you can copy this page and fill it out for each employer.

Business name (Legal name printed on T4 statement, Record of Employment or wage statement)
Other names used by this employer
What does this business do?
Do any of the following apply? <input type="checkbox"/> The business is closed <input type="checkbox"/> The business is for sale or was sold <input type="checkbox"/> The employer has financial difficulties <input type="checkbox"/> You worked for, or were paid by more than 1 business <input type="checkbox"/> You were treated like an independent contractor
Were you provided with accommodation or housing by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT INFORMATION

Email address		Telephone number
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

WORK LOCATION

If the address of your workplace was different than the business's mailing address, provide the work location address below.

Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

CONTACT PERSON

Fill out the fields below if you know anyone we could contact.
This could be someone like a supervisor, a manager or the business owner.

Given name	Family name	Role (For example, manager or owner)
Email address		Telephone number

PART 4: ABOUT THE WORK

If you're completing this form on behalf of a specific employee (including yourself), enter that person's work information on this page. Skip this part if the complaint is not about a specific employee.

Start date yyyy / mm / dd	Are you still working for the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last day worked yyyy / mm / dd
Job title		
Are you a foreign worker? <input type="checkbox"/> Yes, I am a foreign worker <input type="checkbox"/> No, I am a Canadian citizen or permanent resident Foreign workers are individuals who are not Canadian citizens or permanent residents. Foreign workers have additional protections under the Temporary Foreign Worker Protection Act.		
If you answered "Yes", which foreign worker program was used to hire you?		
Did you belong to a union when working for the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unsure	If you answered "Yes", which union?	
Rate of pay (for example, "\$18 an hour" or "\$800 per month")	How many hours a week did you work on average? <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> Between 20 and 40 hours <input type="checkbox"/> More than 40 hours	
Describe your work schedule.		
Were you paid less than minimum wage? <input type="checkbox"/> Yes <input type="checkbox"/> No Visit www.gov.bc.ca/EmploymentStandards to learn about minimum wage in B.C.	How were you paid? <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct deposit <input type="checkbox"/> E-transfer <input type="checkbox"/> Other	
Did you receive wage statements (pay stubs) from the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you're no longer working for the employer, why did you leave? <input type="checkbox"/> I quit <input type="checkbox"/> I was fired <input type="checkbox"/> I was laid off <input type="checkbox"/> The job was seasonal <input type="checkbox"/> Other (Please describe what happened):		

PART 5: ABOUT YOUR CONCERN

Please tell us about the situation. We know that this might be difficult to talk about, but it will help us get a better understanding of your circumstances. The more detail you provide, the easier it will be for us to investigate and resolve your complaint.

What is your concern about? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Regular wages (getting paid for work) | <input type="checkbox"/> Taking or returning from a leave |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Employment ending (getting fired, laid off, quitting) |
| <input type="checkbox"/> Overtime wages | <input type="checkbox"/> Bonuses |
| <input type="checkbox"/> Statutory holiday pay | <input type="checkbox"/> Passport or other official documents withheld |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Fees for employment or work |
| <input type="checkbox"/> Business expenses or unauthorized deductions | <input type="checkbox"/> Threatened with deportation |
| <input type="checkbox"/> Other (Please describe below): | <input type="checkbox"/> Fees or expenses for recruitment services |

In your own words, describe the situation. If you need more room, you can attach a separate document.

PART 6: ABOUT THE RESOLUTION

Please provide some information about the best way we could resolve your complaint. If you have a financial estimate of how much you think you are owed, please provide an estimated range.

ESTIMATED WAGES OWING

Estimate the amount you are owed for each of the following, if applicable.

Regular wages (getting paid for work) \$	Employment ending (getting fired, laid off, quitting) \$
Commissions \$	Bonuses \$
Overtime wages \$	Fees for employment or work \$
Statutory holiday pay \$	Fees or expenses for recruitment services \$
Vacation pay \$	Other \$
Business expenses or unauthorized deductions \$	Total estimated wages owing \$

ADDITIONAL INFORMATION

To help us understand your concerns, tell us anything else you think we should know about your situation.