



**SECTION 147
REPRISAL COMPLAINT
CANADA LABOUR CODE
PART II—OCCUPATIONAL HEALTH AND SAFETY**

NOTE: If you have any questions about this form, please contact a Canada Industrial Relations Board officer at 1-800-575-9696.

The personal information provided in this form and any documents submitted with it are collected solely for the purpose of administering the *Canada Labour Code* and will be used to deal with and adjudicate matters that come before the Board. Parties that engage the Board's services should be aware that this is a public process. The Board provides public access to case files and posts key decisions on its website. Board decisions may identify parties and witnesses by name and may include information about them that is relevant and necessary to the determination of the dispute.

READ THESE INSTRUCTIONS BEFORE YOU BEGIN

This form is to help you provide the information required for making a reprisal complaint pursuant to section 147 of the [Canada Labour Code](#) (the *Code*).

Section 147 of the *Code* prohibits an employer from retaliating against an employee for exercising his or her rights under Part II of the *Code* (Occupational Health and Safety). However, an employer may, after all the investigations and appeals under the *Code* have been exhausted, take disciplinary action against an employee who has wilfully abused those rights.

The Board will review your complaint having regard to the *Code* and the Board's case law on section 147 complaints. It will consider all the material on file, including supporting documentation. Missing information or documents could lead to dismissal of the complaint or delays in its processing.

The Board has Industrial Relations Officers (IROs) involved in the processing of various cases throughout Canada. These IROs mediate cases, where appropriate. If a settlement is not reached during mediation, the officer may continue to assist the parties to achieve a voluntary settlement before the Board decides the matter. An IRO may contact you regarding mediation of your complaint.

Complainant

NAME (and any pronouns): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME (and any pronouns) OF REPRESENTATIVE OR COUNSEL, if applicable: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

It is your responsibility to advise the Board in writing of any changes to your contact information.**Employer**

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME AND POSITION OF EMPLOYER REPRESENTATIVE: _____

Union (if applicable)

NAME OF UNION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME AND POSITION OF UNION REPRESENTATIVE: _____

I–General Information about the Complaint

Employee status:

DATE OF HIRE: _____

TITLE OF LAST POSITION HELD: _____

Rights exercised pursuant to Part II of the Code:

The purpose of Part II of the *Code* is to prevent accidents and injury to health in connection with employment. The *Code* provides for reporting, complaint, investigation and appeal mechanisms to achieve this purpose. Section 147 of the *Code* prohibits the employer from retaliating against you because you exercised your rights under Part II.

- What occupational health and safety issue did you raise in the workplace?

- Did you refuse to perform what you believe was unsafe work?

☐ No

☐ Yes – Please explain:

- If you refused to perform what you believe was unsafe work, did you raise this with your supervisor?

☐ No

☐ Yes – Please explain:

- Did you raise this issue as an individual employee or as part of your duties as an occupational health and safety representative?

- When did you first raise your health and safety issue?

- With whom did you raise your health and safety issue? Please check all that apply.

☐ Supervisor: _____

☐ Health and safety representative: _____

☐ Employer representative: _____

☐ Other–Please specify: _____

Additional details:

- Did you raise the issue in writing? If yes, please attach a copy.

☐ Yes ☐ No

How was your complaint handled? Please check all that apply. Attach all relevant documents.

☐ The complaint was referred to a workplace committee, a health and safety representative, or someone else authorized to receive such complaints.

☐ The complaint was investigated.

☐ The complaint was investigated and an investigation report was prepared.

☐ The complaint was referred to a health and safety officer of the Labour Program.

☐ The health and safety officer rendered a decision about the complaint.

☐ The decision of the health and safety officer was appealed.

☐ The appeals officer rendered a decision.

☐ Other–Please specify:

Additional details:

II–Disciplinary Action

Do you believe that your employer disciplined you or retaliated against you for raising your health and safety issue?

☐ Yes ☐ No

If yes, please respond to the following questions, and attach all relevant documents.

☐ If your employment was terminated–Date of dismissal or termination:

☐ If you were laid off–Date of layoff:

☐ If you were suspended–Date of suspension:

Length of suspension:

☐ If you were demoted–Date of demotion:

If your working conditions were changed, when and how did this occur?

If your wages were affected, when and how did this occur?

Other–Please specify

- Why do you believe the disciplinary action imposed against you is because you raised a health and safety issue?

If you are a unionized employee, please complete this section. Otherwise, continue to Section III.

Please note that if you are represented by a union, the Board will notify the union of the complaint.

- Are you a unionized employee?

☐ Yes ☐ No

Name of Union / Bargaining Agent:

- Did you pursue your health and safety complaint under a provision of the collective agreement?

☐ Yes ☐ No

How was your complaint handled? Please check all that apply. Please attach all relevant documents in your possession.

- ☐ You asked your union to file a grievance. Please specify the date you asked the union to file a grievance:

- ☐ The union filed a grievance. Please specify the date the union filed a grievance:

- ☐ The union told you its decision regarding the grievance filed. Please specify the date the union told you its decision regarding the grievance filed:

- ☐ The union gave you its decision in writing. (Please attach)
- ☐ There is an arbitration award regarding your grievance. (Please attach)
- ☐ There is a court decision regarding your grievance. (Please attach)
- ☐ There is a settlement agreement regarding your grievance. (Please attach)
- ☐ Other–Please specify:

Additional details:

Provide a chronology of the facts and events in support of your complaint. Include details such as the dates on which events occurred, the date you reported your health and safety concerns to the employer or took other actions. Include the names of the employer and health and safety officials involved and the names of any witnesses.

You may use additional pages if necessary. **Please print clearly and number the pages.**

[illegible]

Section 133 of the *Code* requires that you file your complaint within **90 days** after the date on which you first knew, or ought to have known, of the **action or circumstances** giving rise to your complaint.

Although sections 156(2) and 16(m.1) of the *Code* allow the Board to extend the 90-day time limit set out in section 133, the Board will only do so in exceptional circumstances. If you want the Board to consider extending the 90-day time limit, please explain the exceptional circumstances that you feel the Board should consider in deciding whether or not to exercise its discretion. Provide supporting documentation, if necessary.

V–Oral Hearing

There is no requirement for the Board to hold a hearing even if one is requested. Most complaints are decided without a hearing on the basis of the submissions and documents on file. Do you believe a hearing is necessary?

☐ Yes ☐ No

If yes, why do you believe that a hearing is necessary?

Where do you think the hearing should take place?

VI–Remedies

Under section 134 of the *Code*, the Board may require an employer to cease contravening the *Code* and/or rescind any disciplinary action taken.

What remedies are you seeking?

VII–Filing Your Complaint

The Board has an e-filing Web Portal (Portal) service, which allows you to file your Portable Document Format (PDF) documents in the Board’s centralized document filing system. You can access the Portal [here](#). You can also file your complaint by mail. The Board’s contact information can be found on the Board’s [website](#).

If you choose to file your document electronically using the Portal, do not forward a hard copy of the same document to the Board. The electronic version will be considered the original copy.

Signature

Date