



## COMPLAINT FORM – MONETARY AND NON-MONETARY, ROAD TRANSPORT (TRUCKING)

**Canada Labour Code**, Part III (Labour Standards)

FOR INTERNAL USE ONLY

DATE STAMP

### BEFORE FILING A COMPLAINT

- A **monetary complaint** must be filed within 6 months from the last day on which the employer was required to pay wages or other amounts owed.  
If your **monetary complaint** allegations are founded and the Labour Program is required to issue a payment order for wages or other amounts owed, the retroactivity limitation period for the payment order cannot exceed:
  - **24 months** prior to the date the complaint is received if currently employed, or
  - **24 months** prior to the date of termination of employment, if employment was terminated prior to the filing of the complaint
- A **non-monetary complaint** must be filed within 6 months from the day on which the subject-matter of the complaint arose.
- Before completing this form, please review the [Filing a Complaint](#) web page and consult the list of [federally regulated](#) industries.
- For more information on [federal labour standards](#), please visit: <https://www.canada.ca/en/services/jobs/workplace/federal-labour-standards.html> or call toll free 1-800-641-4049, Teletypewriter (TTY) users 1-800-926-9105.
- Send the completed form to the nearest [Labour Program Office](#).

### SECTION A - YOUR PERSONAL AND WORK INFORMATION

Last/Family name		First/Given name		Middle initial
Mailing address (number, street, apartment, PO box, rural route)				
City/Town		Prov./Territory	Postal code (A1A 1A1)	Telephone number (999) 999-9999
Telephone (alternate) (999) 999-9999	Job title			Temporary foreign worker? <input type="radio"/> Yes <input type="radio"/> No
First day of work (YYYY-MM-DD)		Last day worked (if applicable) (YYYY-MM-DD)		<input type="checkbox"/> Still employed
Do you own the truck that you drive/drove?		<input type="radio"/> Yes <input type="radio"/> No		
Are you or were you a lease operator or an owner operator?		<input type="radio"/> Yes (specify below) <input type="radio"/> No		
If yes, please specify: _____				
Do you have a written employment contract with the employer?		<input type="radio"/> Yes (provide copies) <input type="radio"/> No (explain below)		
If no, please explain: _____				
Did you decide what work activities (i.e. trips) would be performed?		<input type="radio"/> Yes <input type="radio"/> No		
Did you provide the employer with documents stating that an internship fulfils the requirements of an educational program?				
<input type="radio"/> Yes <input type="radio"/> No (Go to section B)				
Start date of internship (YYYY-MM-DD): _____		End date of internship (YYYY-MM-DD): _____		
Attach student internship schedule (if applicable)				

**SECTION B - EMPLOYER INFORMATION**

Full legal name of employer, company or business		Industry or business type	
Is this business operating under another name? <input type="radio"/> Yes (provide the name) <input type="radio"/> No			
Your workplace address (number, street, apartment, PO box, rural route)			
City/Town	Prov./Territory	Postal code (A1A 1A1)	
Employer's contact person	Title	Telephone number (999) 999-9999	
Employer's business or mailing address (if different from above) (number, street, apartment, PO box, rural route, city/town, province/territory, postal code)			
Is the employer still in business? <input type="radio"/> Yes (Go to section C) <input type="radio"/> No (Complete below)			
If no, specify: <input type="radio"/> Bankruptcy <input type="radio"/> Closed its doors <input type="radio"/> Other Date (YYYY-MM-DD)			
If other, specify: _____			

**SECTION C - MONETARY COMPLAINT ALLEGATIONS**

**A monetary complaint must be filed within 6 months from the last day on which the employer was required to pay wages or other amounts owed.**

Do you have records (e.g. pay statement, time sheets, time records, etc.)? <input type="radio"/> Yes (provide copies) <input type="radio"/> No (Complete below)				
If no, please explain: _____				
Did you submit a claim to the employer for reimbursement of expenses? <input type="radio"/> Yes (provide copies) <input type="radio"/> No Date claim submitted (YYYY-MM-DD)				
If paid by the mile, km, percentage of the load, commission, etc, please describe: _____				
If paid by more than one method, please describe (e.g. waiting time, drops and pick-ups): _____				
Salary or rate of pay (\$9,999,999.99)	Number of days worked per week (0-7)	Number of hours worked per week (999)	Regular pay day	Date of last pay (YYYY-MM-DD)
Pay frequency: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Twice per month <input type="radio"/> Monthly <input type="radio"/> Other, specify: _____				

Standard	Period(s) covered by this complaint (attach extra pages, if needed)  From (YYYY-MM-DD):	Period(s) covered by this complaint (attach extra pages, if needed)  To (YYYY-MM-DD):	Estimated amount (\$9,999,999.99)
<input type="checkbox"/> Unpaid wages			\$
<input type="checkbox"/> Overtime pay			\$
<input type="checkbox"/> Vacation pay			\$
<input type="checkbox"/> General holiday pay			\$
<input type="checkbox"/> Pay in lieu of termination notice (completed 3 consecutive months of continuous employment)			\$
<input type="checkbox"/> Severance pay (completed 12 consecutive months of continuous employment)			\$
<input type="checkbox"/> Medical leave with pay			\$
<input type="checkbox"/> Personal leave with pay			\$
<input type="checkbox"/> Bereavement leave with pay			\$
<input type="checkbox"/> Leave for victims of family violence with pay			\$
<input type="checkbox"/> Reimbursement of work-related expenses, specify:			\$
<input type="checkbox"/> Unauthorized deductions, specify:			\$
<input type="checkbox"/> Other, specify:			\$
Estimated total amount			\$

SECTION D - NON-MONETARY COMPLAINT ALLEGATIONS

A non-monetary complaint must be filed within 6 months from the day on which the subject-matter of the complaint arose.

☐ Maternity-related reassignment

☐ Maternity leave

☐ Parental leave

☐ Compassionate care leave

☐ Leave for victims of family violence

☐ Leave for court or jury duty

☐ Statement of employment conditions

☐ Other (Please specify):

☐ Reservist leave

☐ Bereavement leave

☐ Leave related to critical illness

☐ Leave related to death or disappearance

☐ Leave for traditional Aboriginal practices

☐ Breaks

☐ Statement of benefits on termination

☐ Medical leave

☐ Work-related illness and injury

☐ Pay statements

☐ Personal leave

☐ Flexible work arrangements

☐ Employer collecting or using your genetic test results without written consent

Do you have records? ☐ Yes (if yes, provide copies) ☐ No (Complete below)

If no, why?

Date(s), full name and details of event(s) (provide extra pages, if more space is needed): Date (YYYY-MM-DD)

Details:

**SECTION E - MEMBER OF A GROUP OF EMPLOYEES SUBJECT TO A COLLECTIVE AGREEMENT**

Were you covered by a collective agreement when the event(s), resulting in this complaint, occurred?

☐ Yes (Complete below) ☐ No (Go to section F)

Provide full union's name and local

Did you file a grievance related to the same event(s)? ☐ Yes ☐ No

Name of union representative

Telephone number (999) 999-9999

**SECTION F – REPRESENTATION BY A LEGAL COUNSEL OR ANOTHER INDIVIDUAL (e.g. spouse, common-law partner, other family member or friend)**

Are you represented by a legal counsel or another individual? ☐ Yes (Complete Part A or Part B) ☐ No (Go to section G)

**Part A – Representation by a legal counsel**

Full legal counsel's name

Name of the law firm (if applicable)

Complete address (number, street, apartment, PO box, rural route) and telephone

**Part B – Representation by another individual (who is not a legal counsel) e.g. spouse, common-law partner, other family member or friend.**

Authorized person's last/family name

Authorized person's first/given name

Address (number, street, apartment, PO box, rural route)

City/Town	Prov. /Territory	Postal code (A1A 1A1)	Telephone number (999) 999-9999
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**SECTION G - ELIGIBILITY FOR AN EXTENSION OF TIME TO FILE A COMPLAINT**

You may be eligible for an extension of time to file a complaint if you:

- filed a complaint with another government official, or
- filed a previous complaint that was incomplete or contained an error

If one or more of these criteria apply to you, complete the relevant section(s) below (section i and/ or ii). If the criteria do not apply to you, go to section H.

**i) COMPLAINT FILED WITH ANOTHER GOVERNMENT OFFICIAL**

Another government agency may include: a provincial or territorial government, a Human Rights Commission, a Workers Compensation Board or a federal official that you believe had the authority to deal with the complaint.

**If you filed a monetary and/or non-monetary complaint with another government official that had no authority to deal with the complaint, an extension of time to file such complaint with the federal Labour Program may be allowed if you:**

- filed a complaint related to unpaid wages or other amounts owed within 6 months from the last day the employer was required to pay these amounts, and/or
- filed a complaint related to a non-monetary violation within 6 months from the day on which the subject-matter of the complaint arose

Did you file a monetary and/or non-monetary complaint with another government official? ☐ Yes (Complete below) ☐ No (Go to section ii)

If yes, with which government official?

If yes, was the monetary and/or non-monetary complaint filed with the other government official during the time-period required?

☐ Yes (Complete below) ☐ No (Go to section ii)

If yes, date you filed your complaint with the other government official (YYYY-MM-DD)

**ii) FILED A PREVIOUS COMPLAINT THAT WAS INCOMPLETE OR CONTAINED AN ERROR**

The 6-month deadline for filing a monetary or non-monetary complaint may be extended if you filed a previous complaint within the 6-month statutory time limit that was withdrawn because it was incomplete or contained an error. For more information on filing a monetary or non-monetary complaint, visit the [Filing a complaint web page](#).

Was your initial monetary or non-monetary complaint incomplete or did it contain an error? ☐ Yes ☐ No (Go to section H)

If yes, was the monetary or non-monetary complaint filed with the Labour Program during the time-period required? ☐ Yes ☐ No (Go to section H)

If yes, provide the date you filed the complaint with the Labour Program (YYYY-MM-DD)

**SECTION H - RESTRICTION ON FILING MULTIPLE COMPLAINTS FOR SUBSTANTIALLY THE SAME FACTS****(Subsections 251.01(3.1) and 251.01(4) of the *Canada Labour Code* (Code))**

**This complaint** cannot be filed if a genetic testing complaint (247.98 of the Code), a reprisal complaint (246.1(1) of the Code) or an unjust dismissal complaint (240(1) of the Code) has already been filed, that is based on substantially the same facts, unless that complaint has been withdrawn.

Despite what is written above, a monetary and/or non-monetary complaint may be filed if it relates only to the payment of your wages or other amounts to which you are entitled, including amounts further to a group termination, an individual termination or severance pay. The monetary and/or non-monetary complaint will be **suspended** until the day on which the genetic testing complaint, reprisal complaint or unjust dismissal complaint, as the case may be, is withdrawn or resolved.

As such,

Did you file a reprisal complaint with the Canada Industrial Relations Board (CIRB)? ☐ Yes ☐ No

If yes, provide the date you filed your complaint (YYYY-MM-DD):

Did you file an unjust dismissal complaint with the Labour Program? ☐ Yes ☐ No

If yes, provide the date you filed your complaint (YYYY-MM-DD):

Did you file a genetic testing complaint with the Labour Program? ☐ Yes ☐ No

If yes, provide the date you filed your complaint (YYYY-MM-DD):

**SECTION I - CONFIDENTIAL COMPLAINT**

**Under section 260 of the [Canada Labour Code](#), you may request that the Labour Program protect your identity while investigating this complaint.**

However, confidentiality cannot be maintained if:

- (a) the disclosure is necessary for the purposes of a prosecution
- (b) the Head of Compliance and Enforcement determines that the disclosure is in the public interest, or
- (c) the Labour Program determines that the disclosure is necessary for the investigation of the complaint to be carried out and the complainant consents to the disclosure in writing

If as per (c) above, if the complainant refuses to grant consent for disclosure, **the complaint is deemed withdrawn**.

Withholding your information from the employer, however, may limit the ability to facilitate and expedite the processing of this complaint. For more information regarding this, please contact the Labour Program.

☐ ***I request that my identity be withheld from my employer for the investigation of this complaint:***

**Initials :**

**Date (YYYY-MM-DD) :**

**SECTION J - PRIVACY NOTICE**

Your personal information is administered in accordance with the [Canada Labour Code](#) and the [Privacy Act](#). You have the right to the protection of, and access to, your personal information, which is described in Personal Information Bank # HRSDC PPU 0 0 6. Instructions for obtaining this information are outlined by the [Treasury Board of Canada Secretariat](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html) (<https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html>).

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. These additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

If your complaint results in a decision from the Canada Industrial Relations Board, this decision and your identity may be made available to the public.

**Is the employer aware of your address and telephone number as indicated on this complaint form?** ☐ Yes (Go to section K) ☐ No (Complete below)

**If no, do you allow the Labour Program to share your address and telephone number with the employer or its representative during the course of the complaint investigation?**

☐ **Yes**, I allow the Labour Program to share my address and telephone number with the employer or its representative.

☐ **No**, I do not allow the Labour Program to share my address and telephone number with the employer or its representative.

SECTION K - SIGNATURE OF THE COMPLAINT FORM

BY THE COMPLAINANT (NO REPRESENTATION)

I (complainant) certify that the information given on this form is, to the best of my knowledge, true and correct.

\_\_\_\_\_

Complainant

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YYYY-MM-DD)

BY A LEGAL COUNSEL OR ANOTHER AUTHORIZED INDIVIDUAL

I (authorized person\*/legal counsel) certify that the information given on this form is, to the best of my knowledge, true and correct.

\_\_\_\_\_

Authorized person\*/legal counsel

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YYYY-MM-DD)

**\*IMPORTANT: The authorized person (who is not a legal counsel) must retain a proxy and attach such document to this form. The complaint will be considered officially filed at the Labour Program the date the proxy is provided.**

SECTION L - REMEMBER TO

☐ Sign and date the form

☐ Complete all applicable sections

**Enclose clear copies of all documents in support of your complaint such as:**

- Pay statements
- Driver's daily logs
- Trip sheets
- Employment contract
- Complainant records
- Other (e.g., photographs, drawings or diagrams)

**Important – The complainant named in this document is making a complaint in writing to the Labour Program, pursuant to section 251.01, because the complainant believes that the employer has contravened one or more provisions of the *Canada Labour Code*, Part III, and/or of the regulations made under that Part. The investigation into this complaint is not limited to the provisions identified in this document but may include any provision of the *Canada Labour Code*, Part III and/or of the regulations made under that Part.**

**FOR INTERNAL USE ONLY**

Received date (YYYY-MM-DD):

Name of receiving official

Received via (Check one)

☐ In person   ☐ Mail   ☐ Fax   ☐ Other

Forwarded to (district office)

ILS Case No.:

Date acknowledgement letter of receipt sent to complainant (YYYY-MM-DD):

**FOR INTERNAL USE ONLY - EXTENSION OF TIME TO FILE A COMPLAINT**

Complaints related to unpaid wages or other amounts owed (monetary) must be filed within 6 months from the last day the employer was required to pay these amounts.

Complaints related to a non-monetary labour standard violation must be filed within 6 months from the day on which the subject-matter of the complaint arose.

**Extension** – An extension of time to file a complaint is applicable when a:

- complaint was filed within the period established by the Code to a government official (e.g. a provincial or territorial government) who had no authority to deal with the complaint and the person making the complaint believed the official had that authority, and/or
- complaint based on substantially the same facts that was previously filed within the 6-month statutory time limit and was withdrawn because it was incomplete or contained an error

**DECISION OF THE REGIONAL MANAGER**

By the power delegated to me by the Head of Compliance and Enforcement, I extend the period of time to file a monetary and/or non-monetary complaint because I am satisfied that a:

- ☐ complaint was filed within the prescribed period of time to a government official who had no authority to deal with the complaint and the person making the complaint believed the official had that authority
- ☐ complaint based on substantially the same facts was previously filed within the 6-month statutory time limit and it was withdrawn because it was incomplete or contained an error

The date extended is the date that the present complaint was filed with the Labour Program.

\_\_\_\_\_  
Name of the Regional Manager\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Extension of time is not granted**

\_\_\_\_\_  
Name of the Regional Manager\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (YYYY-MM-DD)

Comments