



MINISTRY OF COMMERCE, INDUSTRY AND LABOUR
(Inclusive of Registries of Companies and Intellectual Property)

INDUSTRIAL RELATIONS AND WORK PERMITS
WORKER COMPLAINT FORM

(Please fill in only the necessary information of Complainant or of Claimant)

1. Particulars of Complainant of Claimant:

Name: _____ Sex: _____ Age: _____
Address: _____ Tel: _____ Contact: _____
Occupation: _____

Daily hours of work: From: _____ To: _____ Total: _____

Date Employed: _____ Date Terminated / Resigned: _____

Wages:				
	Per Hour	Per Day	Per Week	Per Month

2. Particulars of Employer / Former Employer:

Name: _____
Address: _____ P O Box: _____ Tel / Fax: _____

3. Nature of Complaint / Claim / Grievances

(Please tick appropriate box)

T/Notice	Overtime	A/Leave P/A/Leave	Sick Leave	Public Holidays	Withholding Wages	Unauthorized Deductions	Others (State)

4. Complainant's Statement:

Complainant's Name

Date

FOR MINISTERIAL USE:

1. Indicate Related Provisions of Act:

2. Registrations and Investigation:

2.1 Case No: _____

2.2 Date Lodged: _____

2.3 List of Follow – ups and Dates of such:

2.4 Date Report for closure was submitted: _____

2.5 Date Case Report was approved for closure: _____

2.6 Monies Recovered (if any): _____

3. For any other comments:

4. Inspector's Name Handling Case/Investigation:

5. Date: ____/____/____