

**NOTICE OF COMPLAINT TO RIGHTS COMMISSIONER**

**ORGANISATION OF WORKING TIME ACT, 1997**

(PLEASE USE BLOCK CAPITALS)

**EMPLOYEE'S DETAILS**

**COMPANY/EMPLOYER'S DETAILS**

(Full legal name: if in doubt consult your P45/P60)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Job Title: \_\_\_\_\_

**N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS DISPUTE TO A RIGHTS COMMISSIONER? YES\_\_ NO\_\_**

**Name and Address of your Representative (if any):**

\_\_\_\_\_  
\_\_\_\_\_

**I WISH TO PRESENT A COMPLAINT TO A RIGHTS COMMISSIONER THAT MY EMPLOYER CONTRAVENED THE ABOVE ACT IN RELATION TO A OR B OR C BELOW. (PLEASE COMPLETE APPROPRIATE SECTION).**

**(A) REST PERIODS AND SUNDAY WORK [Ss 6(1) and 6(2) & Ss 11 – 14]**

**MY COMPLAINT IS THAT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(B) MINIMUM AND MAXIMUM WORKING HOURS [Ss 15 – 18]**

**MY COMPLAINT IS THAT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(C) HOLIDAYS (Ss 19 – 23]**

**MY COMPLAINT IS THAT:** \_\_\_\_\_

\_\_\_\_\_

**(D) OTHER (FOR EXAMPLE, S.26 ON PARAGRAPH 1 OF THE FIFTH SCHEDULE OF THE ACT)**

**MY COMPLAINT IS THAT:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER**