

NOTICE OF COMPLAINT TO RIGHTS COMMISSIONER
PAYMENT OF WAGES ACT 1991

(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 below. (Please complete appropriate section).

(A) DEDUCTION FROM PAY

DATE OF DEDUCTION

____/____/____

AMOUNT OF DEDUCTION:

€ _____

DID YOU RECEIVE NOTICE OF INTENT TO MAKE THE DEDUCTION? Yes__ No__

IF YES HOW MUCH NOTICE? _____

WHAT WAS THE REASON FOR THE DEDUCTION? (please specify) _____

OR

(B) NON PAYMENT OF WAGES

DATE PAYMENT SHOULD HAVE BEEN RECEIVED: _____/_____/_____

(Please calculate monies due)

1.	WAGES/PAY	AMOUNT	€ _____
2.	MINIMUM NOTICE	AMOUNT	€ _____
3.	HOLIDAY PAY	AMOUNT	€ _____
4.	OTHER	AMOUNT	€ _____

If 4 please specify: _____

TOTAL: € _____

SIGNATURE: _____

DATE: _____/_____/_____

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

YOUR EMPLOYER SHOULD BE NOTIFIED IN ADVANCE OF SUBMITTING THIS CLAIM.