

NOTICE OF COMPLAINT TO A RIGHTS COMMISSIONER
PROTECTION OF EMPLOYEES (PART – TIME WORK) ACT, 2001

(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):

HOW HAS YOUR EMPLOYER CONTRAVENED SECTION 9 OR SECTION 15 OF THE ACT?

SIGNATURE: _____

DATE: ____/____/____

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