

NOTICE OF COMPLAINT TO A RIGHTS COMMISSIONER

HEALTH ACT, 2007

PLEASE USE BLOCK CAPITALS

Please refer to “Notes for Completion of Forms” before filling out this form

EMPLOYEE’S DETAILS

COMPANY/EMPLOYER’S DETAILS
(Please refer to Notes for Completion of Forms)

Name: _____

Name: _____

Address:

Address:

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Job Title:

Nearest Town to Place of Employment:

PPS No:

Employer’s Registered (PAYE) No:

N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS COMPLAINT TO A RIGHTS COMMISSIONER?

YES **NO**

Name and Address of your Representative (if any):

