

NOTICE OF DISPUTE TO RIGHTS COMMISSIONER

INDUSTRIAL RELATIONS ACTS 1969 - 2001

PLEASE USE BLOCK CAPITALS

Please refer to “Notes For Completion of Forms” before filling out this complaint form.

EMPLOYEE’S DETAILS

**COMPANY/EMPLOYER’S DETAILS
(please see 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 DISPUTE TO A RIGHTS COMMISSIONER?

YES NO

Name and Address of your Representative (if any):

EMPLOYMENT DETAILS:

Date on which employment began: _____/_____/_____

Date on which employment ended (if applicable): _____/_____/_____

PAY (including e.g. benefits and regular overtime)

Please tick as applicable: Hourly Weekly Monthly

GROSS: € _____

NET (after deduction of PAYE & PRSI): € _____

My dispute is that (please use separate sheet if necessary):

Claimant's Signature: _____ **Date:** _____/_____/_____

YOUR EMPLOYER SHOULD, WHERE POSSIBLE, BE NOTIFIED IN ADVANCE OF SUBMITTING THIS NOTICE.

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER BY THE RIGHTS COMMISSIONER SERVICE.