

NOTICE OF COMPLAINT TO RIGHTS COMMISSIONER

ORGANISATION OF WORKING TIME ACT, 1997

PLEASE USE BLOCK CAPITALS

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

EMPLOYEE’S DETAILS

Name: _____

Address: _____

Tel: _____

E-Mail: _____

Job Title: _____

PPS No:

**COMPANY/EMPLOYER’S DETAILS
(please see Notes For Completion of Forms)**

Name: _____

Address: _____

Tel: _____

E-Mail: _____

Nearest Town to Place of Employment: _____

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):

(E) OTHER (please specify)

My complaint is that:

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

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

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