

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

YES NO

Name and Address of your Representative (if any):

