

**NOTICE OF COMPLAINT TO RIGHTS COMMISSIONER  
PAYMENT OF WAGES ACT 1991**

**PLEASE USE BLOCK CAPITALS**

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

**EMPLOYEE’S DETAILS**

**Name:**

**Address:**

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**Tel:** \_\_\_\_\_

**E-Mail:**

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**Job Title:**

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**PPS No:**

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**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):**

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**COMPANY/EMPLOYER’S DETAILS  
(Please see Notes for Completion of Forms)**

**Name:**

**Address:**

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**Tel:** \_\_\_\_\_

**E-Mail:**

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**Nearest Town to Place of Employment:**

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**Employer’s Registered (PAYE) No:**

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**OR**

**(B) NON PAYMENT OF WAGES**

**Date payment should have been received:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please calculate monies due:**

1.	Wages/pay	Amount	€ _____
2.	Minimum notice	Amount	€ _____
3.	Holiday pay	Amount	€ _____
4.	Other (please specify)	Amount	€ _____
	_____		
		<b>TOTAL:</b>	€ _____

**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.**