

NOTICE OF COMPLAINT TO A RIGHTS COMMISSIONER

SAFETY, HEALTH & WELFARE AT WORK ACT, 2005

PLEASE USE BLOCK CAPITALS

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):

