

**NOTICE OF COMPLAINT TO A RIGHTS COMMISSIONER**

**TERMS OF EMPLOYMENT (INFORMATION) ACT, 1994**

**PLEASE USE BLOCK CAPITALS**

Please refer to "Notes for Completion of Forms" before filling out this 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):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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.**