

NOTICE OF COMPLAINT TO A RIGHTS COMMISSIONER

EUROPEAN COMMUNITIES (PROTECTION OF EMPLOYEES RIGHTS ON TRANSFER OF UNDERTAKINGS) (AMENDMENT) REGULATIONS 2003.

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 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:
□ □ □ □ □ □ □ □

***NOTE:** Please identify the employer/employers against whom you are taking this claim, i.e. your previous employer or current employer. Use separate sheet if necessary.

N.B.: IS YOUR EMPLOYER(S) AWARE THAT YOU ARE BRINGING THIS COMPLAINT TO A RIGHTS COMMISSIONER? YES NO

Name and Address of your representative (if any):

Regulation 7: Representation of employees

My complaint under this Regulation is that (use separate sheet if necessary):

Regulation 8: Information and consultation

My complaint under this Regulation is that (use separate sheet if necessary):

Regulation 9: Agreements

My complaint under this Regulation is that (use separate sheet if necessary):

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.