

From: [Roberts, Krystal LBR:EX](#)
To: [ESB Data Integrity LBR:EX](#)
Subject: 20-11-10 Complaint received
Date: November 13, 2020 2:06:01 PM
Attachments: s.22

ER: Ucluelet Harbour Seafoods

Clear Form



For office use: date stamp here

MINISTRY OF LABOUR

NOV 10 2020

Office of the Director
Employment Standards Branch

Employment Standards Branch Complaint Form

The information on this form is collected under the authority of the *Employment Standards Act* (the "Act"). The information provided will be used to resolve your complaint and to determine if there were any contraventions of the Act. You must file your complaint no later than six months after the end of your employment. If you are still employed or your complaint concerns sections 8, 10 or 11 of the Act, you must give us your complaint no later than six months after the date of the alleged contravention. Your personal information is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The information you provide may be disclosed to provincial and federal authorities for the purposes of law enforcement and jurisdiction, and may also be shared with third parties for the purpose of investigating your complaint. If you have questions about the collection and use of this information, contact the Employment Standards Branch at the address below or call: 1-833-236-3700.

Mail or fax your completed form to: PO Box 9570 Stn Prov Govt Victoria BC V8W 9K1 | Fax: 250-356-1886

SECTION A: INFORMATION ABOUT YOUR EMPLOYER			
Legal Name of Business (company or owners) <u>Ucluelet Harbour Seafood Seafoods</u>			
Operating Name(s) of Business (if applicable) <u>Greig</u>			
Mailing Address <u>P.O. Box 1089</u>	City <u>Ucluelet</u>	Province <u>B.C.</u>	Postal Code <u>V0R-3A0</u>
Work Address (if different)	City	Province	Postal Code
Contact Person (e.g. manager or supervisor)		Phone # <u>250 726 7768</u>	
Contact Person email address			
Name of Owner		Phone #	
Owner's email address			
Type of business <u>Fish plant</u>			
Employer's Bank/Branch			
Is your employer still in business? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, when did the business close?			
Is your employer bankrupt or in receivership? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

SECTION B: INFORMATION ABOUT YOU

s.22

SECTION C: AUTHORIZATION		
If you authorize anyone to act on your behalf, please provide:		
Name: _____	Phone: _____	Email: _____
If you will be using an interpreter, please provide:		
Name: _____	Phone: _____	Email: _____

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Withheld pursuant to/removed as

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