

Form #503

*NOTE: In keeping with the privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act, the Department will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.*

**Pursuant to SECTION 46 of the Occupational Health and Safety Act**

**COMPLAINANT INFORMATION** (Please Print)

YOUR NAME: \_\_\_\_\_  
TELEPHONE NUMBER(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION: \_\_\_\_\_

**EMPLOYER / UNION INFORMATION** (Please Print)

COMPANY/UNION NAME: \_\_\_\_\_  
COMPANY/UNION ADDRESS: \_\_\_\_\_  
COMPANY/UNION TELEPHONE NUMBER(S): \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_

**COMPLAINT** (Please Print)

I, \_\_\_\_\_, am making a complaint under the **Occupational Health and Safety Act** that my employer/union on (date) \_\_\_\_\_ has failed to pay wages, salary, or a benefit entitlement relating to (check appropriate box(es):

- ☐ time taken for Joint Occupational Health & Safety Committee or Health & Safety Representative activities (meetings, training, functions);
- ☐ time taken to observe workplace Occupational Health & Safety monitoring or measurements;
- ☐ time taken to accompany an officer as a result of a work refusal;
- ☐ time off while on work refusal and not reassigned to other duties;
- ☐ time spent with an officer during a workplace inspection;

**or has**

- ☐ done or threatened to do any of the following actions - dismissal, layoff, suspension, demotion, job or location transfer, change in work hours, coercion, intimidation, any discipline, reprimand or penalty, including a reduction of wages, salary or other benefits, because I acted in compliance with the Act, its regulations, or an officer's directions/orders.

The facts of this complaint are as follows (be as complete as possible - additional pages may be used):

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Filling out the Employee Discriminatory Action Complaint Form

- 1 This form must be filled out and received by an Officer of the Occupational Health and Safety Division of the Department of Labour and Advanced Education within 30 days of the incident on which this complaint is based on. **If the complaint is not received within the 30 days there is no possible remedy under the Occupational Health and Safety Act.**
- 2 The completed form should be sent to the appropriate Occupational Health and Safety Division office as indicated below.
- 3 Please print or write in a legible manner.
- 4 Complainant box (first box) - fill in your contact information - full name, phone number where you may be reached, address, and the position you hold or held at work.
- 5 Employer/Union Information box (second box) - fill in your union / employer contact information - employer/company name, address of company, company phone number, supervisor name. Note: indicate the location where the incident occurred.
- 6 Complaint box (third box) - check one, or more, of the boxes which apply to your incident. These boxes correspond to the sections in the Act where discriminatory action applies.
  - 6.1 Facts of Complaint - relate, in as detailed a manner as possible, what occurred and why you are alleging a discriminatory action complaint. Points that may be useful:
    - 6.1.1 write a draft - so that you may organize your thoughts and events, and ensure all the relevant information is noted
    - 6.1.2 organize the incident in chronological (time) order
    - 6.1.3 questions to answer: what happened? when? did anything occur prior to the incident (is there a history)? what did you do? what did the supervisor/employer do? are there witnesses to the incident?
    - 6.1.4 try using point form, rather than paragraph, to describe the incident that lead to the complaint

### Discriminatory Action Process

Once a complaint is received, and **it is within the 30 day time frame**, an Occupational Health and Safety Officer will investigate the complaint. The complainant will be contacted and interviewed. The Officer will also contact any other persons necessary to make a determination.

**NOTE:** the process is transparent - information given to the Officer will be shared - each party will have the opportunity to respond to the information submitted by the other.

Once the Officer is satisfied that all information has been received they will make a determination whether there has been a violation of the Act. If a violation has occurred an order will be issued to the employer specifying the provision of the Act that has been contravened and the remedy. If there are no grounds to issue an order, the officer will notify the parties.

An Officer's order may be appealed by the complainant or the employer. The appeal must be filed in writing, to the Labour Board, within 30 days of having been served with the order or decision. An appeal form can be found at:

[Labour Board Forms](#)

or call 902 424-5400 (Halifax) or 1-800-9LABOUR [1-800-952-2687].

**The completed form should be sent to the appropriate closest Occupational Health and Safety Division office:**

**Dartmouth**

OHS Division  
NS Labour, Skills and Immigration  
103 Garland Avenue, 3<sup>rd</sup> Floor  
Dartmouth, NS B3B 0K5  
Fax: 902-424-5640

**New Glasgow**

OHS Division  
NS Labour, Skills and Immigration  
187 Terra Cotta Drive  
New Glasgow, NS B2H 6B6  
Fax: 902-755-3158

**Kentville**

OHS Division  
NS Labour, Skills and Immigration  
5 Shylah Drive, Unit 1  
Kentville, NS B4N 0H2  
Fax: 902-679-5166

**Sydney**

OHS Division  
NS Labour, Skills and Immigration  
1030 Upper Prince Street, Suite 3  
Sydney, NS B1P 5P6  
Fax: 902-563-3475