

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 Occupational Health and Safety Division office:

Dartmouth

OHS Division
NS Labour and Advanced Education
103 Garland Avenue, 3rd Floor
Dartmouth, NS B3B 0K5
Fax 902-424-5640

Truro

OHS Division
NS Labour and Advanced Education
60 Lorne St Flr. 2 Ste. 8
P.O. Box 824
Truro, NS B2N 3K3
Fax 902-893-0282

Kentville

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

Sydney

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