



MINISTRY OF BORDER CONTROL AND LABOUR
EMPLOYMENT SERVICES DEPARTMENT

Labour Dispute Complaint Form

Date Received: Date completed:.....

Name: Female:.....

Address of:Tel.

Position Job: Last Day at work:

Nature of Complaint:

Date Employment Commenced:

N.I.S. Status: Enrolled?..... Contributions Up To Date?:.....NIB:

Name of Employer: Tel No.

Type of Business Industry:

Address:

Particulars of Complaint

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Signature of Complainant:

Date:

If unresolved within 21 days, the matter would be referred to Labour Commissioner for review and if necessary, Commissioner refers the dispute within 7 days to the Labour Tribunal for Adjudication.

Name of: Signature: Date.....

