



DISPUTE CLAIM FORM

DEPARTMENT OF LABOUR & WORKFORCE DEVELOPMENT

I understand the following:

- I. I must provide a detailed account of my complaint and all relevant documentation.
- II. An investigating officer will assess the facts from both my evidence and my employer's evidence. I may be required to meet with the investigating officer separately and/or jointly with my employer. I will be expected to state the facts and may be asked to present witnesses to verify information provided. If a settlement cannot be achieved within 30 days, the Labour Commissioner will refer the matter to the Minister for the Department of Labour & Workforce Development for further evaluation.

Please give your details:

Mr. Mrs. Miss Ms. Other: _____

First Name: _____ Surname: _____

Date of Birth: _____ Place of Birth: _____

Social Security No: _____ NHI No: _____

Mailing Address: _____

Email: _____

Telephone (Home): _____ Telephone (Cell): _____

Please give details of the employer/employee whom this complaint is being brought:

Name: _____

Company Name: _____

Address: _____

Telephone: _____

Email: _____

Your job title: _____

Start date: _____ **End date:** _____

Please give details of your complaint. If there is not enough space, please continue on a separate sheet and attach it to this form.

What are you seeking?
<input type="checkbox"/> Reinstatement <i>(work in the same job as before)</i>
<input type="checkbox"/> Re-engagement <i>(work in the company, different job)</i>
<input type="checkbox"/> Compensation <i>(to get an award of money)</i>

Please give the number of normal basic hours worked each week:	
What is your pay period:	
Gross wage or salary:	
Average take home pay:	

To assist with your complaint, please provide copies of the following documents *(check all that apply)*:

- | | |
|--|--|
| <input type="checkbox"/> Pay Slips | <input type="checkbox"/> Written Warnings |
| <input type="checkbox"/> Employment Contract | <input type="checkbox"/> Correspondence from Employer |
| <input type="checkbox"/> Work Permit <i>(if applicable)*</i> | <input type="checkbox"/> Government-issued ID (BVI passport, Belonger card, BVI driver’s license, NHI card, etc.)* |
| <input type="checkbox"/> Termination OR Resignation Letter | <input type="checkbox"/> Other information <i>(please describe below)</i> |
| <input type="checkbox"/> Employee Handbook | |

***must be submitted.**

If you have already retained representation, please give the personal details of your representative:
Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Please note: A valid government-issued photo identification must be attached to this form.

I declare that the information provided is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____