SECTION 246.1  
REPRISAL COMPLAINT  
*CANADA LABOUR CODE  
PART III–STANDARD HOURS, WAGES, VACATIONS AND HOLIDAYS*

**NOTE:** If you have any questions about this form, please contact a Canada Industrial Relations Board officer at 1-800-575-9696.

The information provided and any documents submitted to the Canada Industrial Relations Board (the Board or the CIRB) are collected solely for the purpose of administering the *Canada Labour Code* (the *Code*) and will be used to deal with and adjudicate matters that come before the Board. **Parties that engage the Board’s services should be aware that this is a public process**. Documents filed with the Board will be placed on the public record, with the exception of documents that the Board declares to be confidential pursuant to section 22 of the [*Canada Industrial Relations Board Regulations, 2012*](https://laws-lois.justice.gc.ca/eng/regulations/SOR-2001-520/index.html) (the *Regulations*). The Board provides public access to case files and posts key decisions on its website. Board decisions may identify parties and witnesses by name and may include information about them that is relevant and necessary to the determination of the dispute. For sensitive information, a request can be made to the Board for a Confidentiality Order. For more information, please see the Board’s [Policy on Openness and Privacy.](https://cirb-ccri.gc.ca/en/about-us/policy-openness-privacy)

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| **READ THESE INSTRUCTIONS BEFORE YOU BEGIN**  Section 246.1(1) of the [*Canada Labour Code*](http://laws-lois.justice.gc.ca/eng/acts/L-2/) *(Part III–Standard Hours, Wages, Vacations and Holidays)* prohibits an employer from retaliating against an employee for exercising their rights under Part III of the *Code*.  This form is intended to assist you in providing the information required for making a reprisal complaint pursuant to section 246.1(1) of the *Code*.  Please refer to the Board’s page on [reprisal complaints](https://cirb-ccri.gc.ca/en/about-appeals-applications-complaints/employment-standards-reprisal-complaints) for additional information.  The Board will review your complaint having regard to the *Code* and the Board’s case law on section 246.1 complaints. It will consider all of the material on file, including submissions and supporting documentation. It is your responsibility to provide the Board with all of the information that is necessary for it to decide the complaint. Missing information or documents could lead to dismissal of the complaint or delays in its processing.  Upon receipt of a complaint, the Board assigns an Industrial Relations Officer (IRO) to process and oversee the conduct of each case. The IRO will also offer mediation assistance. If a settlement is not reached during mediation, the officer may continue to assist the parties to achieve a voluntary settlement before the Board decides the matter. An IRO will contact you to discuss this process.  When filling out this form, please print clearly. You may use additional pages if necessary to provide the information requested. Please clearly identify and number any attachments. |

# Complainant

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| NAME (and any pronouns): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME (and any pronouns) OF REPRESENTATIVE OR COUNSEL, if applicable:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **It is your responsibility to advise the Board in writing of any changes to your contact information.** |

# Employer

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| NAME OF COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INDUSTRY OR BUSINESS TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME AND POSITION OF EMPLOYER REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Union

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| Are you represented by a union in your workplace?  Yes  No  If yes, complete the following:  NAME OF UNION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME AND POSITION OF UNION REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please note that if you are represented by a union, the Board will notify the union of the complaint.** |
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| I–General Information Concerning the Complaint |
| **Employee status:**  DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE OF LAST POSITION HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Rights exercised pursuant to Part III of the *Code*:**  Section 246.1(1) of the *Code* prohibits the employer from retaliating or threatening a reprisal against an employee because the employee exercised rights under Part III of the *Code* (Standard Hours, Wages, Vacations and Holidays).  For more information about section 246.1 complaints and rights under Part III of the *Code*, please refer to the Board’s [Information Circular No. 14–Section 246.1 Reprisal Complaints](http://www.cirb-ccri.gc.ca/eic/site/047.nsf/eng/00791.html)*.* You may also contact a Board officer for further information at 1-800-575-9696.   * What right under Part III of the *Code* did you raise in the workplace?  |  | | --- | |  | |  | |  |  * When did you first raise your right under Part III of the *Code*?  |  | | --- | |  | |  | |  |   The employer has taken retaliatory action against me in contravention of the following sections of the *Code*:  **Check all that apply**  Section 208–No employer shall require an employee to take a leave of absence from employment because the employee is pregnant.  No employer shall dismiss, suspend, lay off, demote or discipline an employee, or take into account any of the following in any decision to promote or train the employee, because the employee:  Section 209.3–is pregnant, or has applied for leave, or has the intention to take leave;  Section 247.96–is a member of the reserve force or intends to take or has taken a related leave of absence.  No employer shall dismiss, suspend, lay off, demote or discipline an employee:  Section 238–because garnishment proceedings may be or have been taken with respect to the employee;  Section 239–because of absence from work due to illness or injury;  Section 239.1–because of absence from work due to work-related illness or injury.  Section 246.1(1)(b)–An employee may also file a complaint with the Board if they have been dismissed, suspended, laid off, demoted, financially or otherwise penalized, disciplined, denied promotion or training opportunities, or threatened with any reprisal or retaliatory action because the employee:   * has made a complaint under Part III of the *Code*, other than an unjust dismissal complaint under section 240 of the *Code*; * has provided information or assistance to the Minister or the Inspector in the exercise or performance of their powers, duties and functions under Part III of the *Code*; * has testified, or is about to testify, in a proceeding taken or an inquiry held under Part III of the *Code*; * has exercised, or sought to exercise, any right conferred on the employee by Part III of the *Code*.   With whom did you raise your right under Part III of the *Code*? Please check all that apply.  Supervisor  Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other employer representative(s)  Name(s) of employer representative(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other–Please specify and provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional details:   |  | | --- | |  | |  | |  | |  |  * Did you raise the issue in writing? If yes, please attach a copy.   Yes  No  **How did the employer respond to or handle your matter?** **Please check all that apply.** **Attach all relevant documents.**  The employer took no action.  Please provide further details (if necessary):   |  | | --- | |  | |  | |  | |  |   The employer responded to my matter verbally.  Please provide further details (include all relevant information, such as date and time and the name of the person you spoke to, and what he or she said):   |  | | --- | |  | |  | |  | |  |   The employer responded to my matter in writing. Please attach a copy of the response.  The matter was investigated and it was resolved to my satisfaction.  Please provide further details (if necessary):   |  | | --- | |  | |  | |  | |  |   The matter was investigated and it was partially resolved to my satisfaction.  Please provide further details:   |  | | --- | |  | |  | |  | |  |   The matter was investigated and an investigation report or other documents were prepared. Please attach a copy of the investigation report or other documents, if available.  Other–Please specify and provide details:   |  | | --- | |  | |  | |  | |  |   **UNION INVOLVEMENT with respect to RIGHT UNDER PART III OF THE *CODE***  **If you are an employee represented by a union, please complete this section. Otherwise, proceed to Section II.**   * Did you pursue your right under a provision of the collective agreement?   Yes  No  **How was your matter** **handled by the union? Please check all that apply. Please attach all relevant documents.**  You asked your union to file a grievance.  Date you asked the union to file a grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union filed a grievance.  Date the union filed a grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The grievance is being progressed through the grievance procedure or awaiting arbitration.  Please provide any further details:   |  | | --- | |  | |  | |  | |  |   The union informed you that it would not pursue the grievance.  Date the union informed you that it would not pursue the grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union informed you of its decision regarding the grievance or reached a settlement.  Date the union informed you of its decision regarding the grievance or reached a settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union gave you its decision in writing.  There is an arbitration award regarding your grievance.  There is a court decision regarding your grievance.  There is a settlement agreement regarding your grievance.  Other–Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional details:   |  | | --- | |  | |  | |  | |  | |

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| II–Disciplinary/Retaliatory Action |
| Do you believe that your employer disciplined you or retaliated against you?  Yes  No  If yes, please respond to the following questions, and attach all relevant documents.  If your employment was terminated–Date of dismissal or termination:   |  | | --- | |  |   If you were laid off–Date of layoff:   |  | | --- | |  |   If you were suspended–Date of suspension:   |  | | --- | |  |   Length of suspension:   |  | | --- | |  |   If you were demoted–Date of demotion:   |  | | --- | |  |   If your working conditions were changed, when and how did this occur?   |  | | --- | |  | |  | |  | |  |   If your wages were affected, when and how did this occur?   |  | | --- | |  | |  | |  | |  |   Other–Please specify:   |  | | --- | |  | |  | |  | |  |  * Why do you believe the disciplinary/retaliatory action imposed against you is related to the fact that you raised a right under Part III of the *Code*?  |  | | --- | |  | |  | |  | |  | |  |   **UNION INVOLVEMENT with respect to DISCIPLINARY/RETALIATORY ACTION**  **If you are an employee represented by a union, please complete the section below. Otherwise, proceed to Section III.**  If you believe that your employer disciplined or retaliated against you, did you contact the union in order to grieve any such discipline or retaliatory action under the collective agreement?  Yes  No  Not applicable. There was no discipline or retaliation against me.  **How was your disciplinary issue handled by the union? Please check all that apply. Please attach all relevant documents.**  You asked your union to file a grievance.  Date you asked the union to file a grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union filed a grievance.  Date the union filed a grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The grievance is being progressed through the grievance procedure or awaiting arbitration.  Please provide any further details:   |  | | --- | |  | |  | |  | |  |   The union informed you that it would not pursue the grievance.  Date the union informed you that it would not pursue the grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union informed you of its decision regarding the grievance or reached a settlement.  Date the union informed you of its decision regarding the grievance or reached a settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The union gave you its decision in writing.  There is an arbitration award regarding your grievance.  There is a court decision regarding your grievance.  There is a settlement agreement regarding your grievance.  Other–Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional details:   |  | | --- | |  | |  | |  | |  | |

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| III–Chronological Summary and Supporting Documents |
| Provide a chronology of the facts and events in support of your complaint. Include details such as the dates on which events occurred, the date(s) you raised your right under Part III of the *Code* to the employer or took other actions, and the date(s) your employer took disciplinary/retaliatory action against you. Include the names of the employer representative(s) involved and the names of any witnesses.  Please mention and attach any relevant documents that you are filing in support of your complaint. Number or assign a letter to each document (e.g., A, B, C). Examples of relevant documents include: documents related to the reported matter, the employer’s response(s) to your raising a right under Part III of the *Code*, or a letter of discipline issued by the employer. If certain documents are not in your possession, please mention this and explain why.  You may use additional pages if necessary. **Please print clearly and number the pages**.   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| IV–Timeliness |
| Section 246.1(3) of the *Code* requires that you file your complaint within 90 days after the date on which you first knew or ought to have known of the action or circumstances giving rise to your complaint. On what date did you know of the action or circumstances giving rise to your complaint?   |  | | --- | |  | |  | |  |   Although section 16(m.1) of the *Code* allows the Board to extend the 90-day time limit set out in section 246.1(3), the Board will only do so in exceptional circumstances. If you want the Board to consider extending the 90-day time limit, you must explain the exceptional circumstances that you feel the Board should consider in deciding whether or not to exercise its discretion. Provide supporting documentation, if necessary.   |  | | --- | |  | |  | |  | |  | |  | |

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| V–Oral Hearing |
| There is no requirement for the Board to hold a hearing even if one is requested, and most complaints are decided without a hearing on the basis of the submissions on file. Is a hearing necessary?  Yes  No  If yes, why do you believe that a hearing is necessary?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  |   Where would you want the hearing to take place?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |

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| VI–Remedies |
| Under section 246.4 of the *Code*, the Board may require an employer to cease contravening the *Code* and/or rescind any disciplinary action taken.  What remedies are you seeking against the employer?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| VII–Filing Your Complaint with Another Department or Agency |
| **Employment and Social Development Canada, Labour Program**  Did you file a complaint under Part III of the *Code* with Employment and Social Development Canada (ESDC), Labour Program?  Yes  No  If yes, what is the nature of your complaint?  My complaint is an unjust dismissal complaint under section 240 of the *Code*.  My complaint is a complaint filed under section 251.01(1) of the *Code.*  Has an inspector at ESDC, Labour Program, issued a decision with respect to your complaint?  Yes  No  If yes, please attach a copy of the decision.  **Other Federal, Provincial/Territorial Government Department or Agency**  Have you filed a complaint about this matter with another federal or provincial/territorial government department or agency (other than ESDC, Labour Program)?  Yes  No  If yes, which department or agency received this complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the status of this complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has there been a decision issued or a settlement reached?  Yes  No  Please provide details:   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| VIII–Filing Your Complaint |
| The Board has an e-filing Web Portal (Portal) service, which allows you to file your Portable Document Format (PDF) documents in the Board’s centralized document filing system. You can access the Portal [here](https://portal-portail.cirb-ccri.gc.ca/en-CA/HomeAccueil/HomeAccu). If you choose to file your document electronically using the Portal, do not forward a hard copy of the same document to the Board. The electronic version will be considered the original copy.  You complaint may also be filed by courier, by mail or in person. The complaint will be considered filed as of the date the Board **receives** the complaint, or, under section 8 of the *Regulations*, the date of filing is the date the complaint was mailed **to the Board** when **registered** mail is used. The Board’s contact information can be found on the Board’s [website](http://www.cirb-ccri.gc.ca/eic/site/047.nsf/eng/home). |

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| Signature |  | Date |