

Important: Complaints must be received by our office within 6 months of the incident occurring. For example, if you are claiming overtime pay, you have 6 months to file your complaint from the date the pay was due under the *Labour Standards Code*.

1 - Contact Information

We need to know how to reach the parties involved in your complaint - you and the other side. Please fill out as much of this section as possible.

Employee/worker contact information (please print clearly)

First name: [REDACTED]

Last name: [REDACTED]

Phone #(s): Main

Other:

Email:

Mailing address: [REDACTED]

Town/City: **Halifax**

Postal Code: [REDACTED]

Employer contact information (or recruiter information if you are complaining about a recruiter)

Business name: **Imperial Cleaners Ltd.**

Type of business: **Cleaning Services**

Contact person: Name [REDACTED]

Position: **HR/ Safety Officer and Employee Relations**

Phone #(s): Main [REDACTED]

Other:

Email: [REDACTED]

Fax number:

Mailing address: **617 Windmill Road**

Town/City: **Dartmouth**

Postal Code: **B3B 1B6**

2 - Work History Information

You are the: Employee/worker Employer

Employee's occupation: **Cleaner**

Hourly wage or annual salary: **24.50**

Hours of work per week: **varies**

Pay period: Daily Weekly Bi-weekly Semi-monthly

Is this a union position: No Yes If yes, what union?

Employee's first day of work for this employer (month/day/year): 10/12/2024

Employee's employment status: Laid off Fired Quit Still employed Other

If no longer working for this employer, give the employment end date (month/day/year): 11/27/2025

If the employer ended the employment, did the employer give notice of termination or extra pay instead of notice? No Yes

If yes, indicate the amount of working notice or extra pay given: 1 week notice

3 - Nature of Labour Standards Complaint (check all that apply and provide details of the issue(s) checked)

Issue(s)	Details of the Issue(s)
<input checked="" type="checkbox"/> Unpaid Hours of Work	Was not paid for Sunday, November 30 shift (3:30 p.m. to 11:00 p.m.)
<input checked="" type="checkbox"/> Overtime Pay	Never received overtime pay despite frequently working more than 48 hours per week.
Minimum Wage	
Deductions from Pay	
Vacation Pay/Time	
Holiday Pay	
Charged Recruitment Fees	Were the fees charged in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Termination - employee with <u>less</u> than 10 years of service	Did the termination happen in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Termination - employee with 10 or <u>more</u> years of service	Did the termination happen in the last 6 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Seeking reinstatement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pregnancy/Parental Leave	If you were terminated, did the termination happen in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking reinstatement? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other – list any other issues under the *Labour Standards Code* (e.g., breaks, pay statements/paystubs):

Reprisal for trying to exercise my rights under the Code

4 - Provide a brief explanation of your claim below. We will ask you for more detail if we need it.

See Schedule A.

5 - Other Information About Your Claim

Have you taken other legal action in this matter, such as Small Claims Court? No Yes

Do you have relevant documents and records to support your claim, such as Record(s) of Employment, T4 slips, termination letter, pay stub(s), time sheet(s)? If you do, please attach copies to your completed complaint form.

Pay stubs

6 - Collection, Use and Disclosure of Personal Information

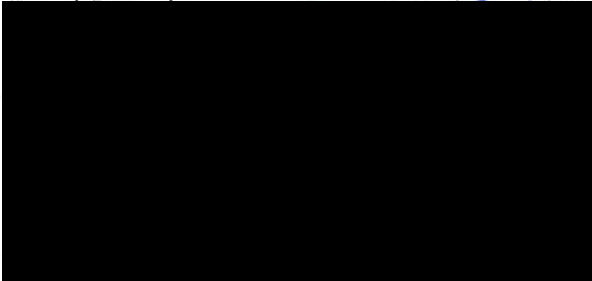
Any information, either written or spoken, that you give to the Labour Standards Division of the Department of Labour and Advanced Education, in support of your claim, including the information provided on this complaint form, is collected under the authority of the Nova Scotia *Labour Standards Code* (the *Code*) to assist in the investigation of alleged violations of the *Code*. The Nova Scotia *Freedom of Information and Protection of Privacy Act*, governs the collection, use and disclosure of this information.

Any information you give to the Labour Standards Division that is considered relevant to your complaint, and necessary for the investigation and enforcement of the complaint, may be shared with the person or company you are complaining about or their representative.

If you have questions about the collection, use and disclosure of personal information by the Department of Labour, Skills and Immigration, contact Information Access and Privacy (IAP) at 902-424-2985 or IAPServices@novascotia.ca.

7- Sign the Complaint and Certification

I certify that the information provided on this form is true and correct to the best of my knowledge. I have read the section on the collection, use and disclosure of personal information. I understand that all information relevant to this Labour Standards complaint may be shared with me and the person or company I am complaining about.



Date:

Dec. 5, 2025

Send the form to us right away

Mail: Labour Standards Division
PO Box 697, Halifax, NS B3J 2T8

Fax: 902-424-0648
Email: labourstandards@novascotia.ca

Questions? Call 902-424-4311 or 1-888-315-0110 (toll free within Nova Scotia)

Important: If your concerns involve safety in the workplace, contact the Occupational Health and Safety Division at 902-424-5400 or toll free at 1-800-952-2687, within **30 days** of the incident occurring.