

Labour Board
Complaint of Reprisal Form
(under the *Public Interest Disclosure of Wrongdoing Act*)

1. Employee contact information:

Full Name:	
Contact Name (if applicable):	
Address:	
Telephone:	
Facsimile:	
E-mail:	

2. Government Body contact information:

Name of Government Body:	
Contact Name: Position Title:	
Address:	
Telephone:	
Facsimile:	
E-mail:	

3. Information relating to your complaint:

Date of alleged reprisal:
Details of the reprisal (attach additional pages if necessary):

4. Have you filed a complaint or a grievance regarding this matter with any other organization(s)? Yes No

If Yes, please indicate the following:

a) name of the organization(s)

b) response received from the organization(s)

5. What remedy are you seeking from the Labour Board?

I _____ certify that all information provided is true and
correct to the best of my knowledge.
print name

_____, of _____, _____
signature city/town province

This _____ day of _____, 20_____.
day month

Submit to:
Labour Board
1601 Lower Water Street, Suite 304
PO Box 202
Halifax, NS B3J 2M4

or Fax to:
(902) 424-1744

**For more information call 424-6730 or
Toll free 1-877-424-6730
Website: www.novascotia.ca/lae/labourboard**