



# COMPLAINT UNDER THE ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES SECTION 32 OR THE ACT RESPECTING OCCUPATIONAL HEALTH AND SAFETY AND SECTION 227

Occupational health and safety

## 1. Identification of the worker

Surname (as shown on birth certificate)	First name	Worker's file No.	<input type="text"/>
Home address	Number Street Apt.	Health Insurance No.	<input type="text"/>
City	Province	Country	Date of original event <input type="text"/>
Email Address	Postal Code <input type="text"/>	Date of recurrence, relapse or aggravation	<input type="text"/>
Telephone	Telephone (other)	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> Fr. <input type="checkbox"/> Eng

### I hereby state that i have been the victim of

<input type="checkbox"/> An illegal dismissal	<input type="checkbox"/> An illegal transfer	<input type="checkbox"/> Reprisal or illegal discriminatory measures
<input type="checkbox"/> Non-payment of first 14 days	<input type="checkbox"/> An illegal suspension	<i>Explain</i> _____
<input type="checkbox"/> Incomplete payment of first 14 days	<input type="checkbox"/> Unreinstate	_____
Date of sanction <input type="text"/>		_____

### Because

<input type="checkbox"/> I suffered from an employment injury	<i>Explain</i> _____
<input type="checkbox"/> I exercised a right	_____
<input type="checkbox"/> I carried out some duties	_____

## 2. Identification of the employer

Employer's name (business name)	Contact person
Address of the establishment to which the worker is attached	Telephone
City	Postal Code <input type="text"/>

## 3. Application

Explain if necessary \_\_\_\_\_

I hereby choose to file this complaint with the CNESST rather than using the grievance procedure provided in my collective agreement.  Yes  No

Signed \_\_\_\_\_

Date of Receipt

## **COMPLAINT IN ACCORDANCE WITH THE ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES (CQLR, Chapter A-3.001)**

### **Section 32:**

No employer may dismiss, suspend or transfer a worker or practice discrimination or take reprisals against him, or impose any other sanction upon him or refuse to reinstate him in an employment contrary to a decision of the Commission because he has suffered an employment injury or exercised his rights under this Act.

A worker who believes that he has been the victim of a sanction or action described in the first paragraph may, as he elects, resort to the grievance procedure set down in the collective agreement applicable to him or submit a complaint to the Commission in accordance with section 253.

### **Section 253:**

Any complaint brought under section 32 must be filed in writing within thirty days of knowledge of the action, sanction or measure of which the worker complains.

The worker shall transmit a copy of the complaint to his employer.

### **Section 254:**

The Commission may attempt to reconcile a worker who files a complaint under section 32 and his employer, if the worker consents to it.

## **COMPLAINT IN ACCORDANCE WITH THE ACT RESPECTING OCCUPATIONAL HEALTH AND SAFETY (CQLR, chapter S-2.1)**

### **Section 227:**

Any worker who believes he has been dismissed, suspended, transferred or subjected to a discriminatory measure or reprisals or any other penalty for exercising his rights or functions under this Act or the regulations may resort to the grievance procedure provided by the collective agreement applicable to him or, if he so elects, submit a complaint in writing to the Commission within 30 days of the penalty or measure about which he is complaining.