

Warning: This is the form prescribed by the *Pay Equity Act* to file a complaint for non-fulfilment or non-compliance of pay equity work.

Before completing and sending your form, we encourage you to contact the staff at our client relations centre, who will be able to tell you whether your situation does in fact fall under the *Pay Equity Act* and, if necessary, help you formulate your complaint.

This service is available Monday to Friday.
 From anywhere in Québec (toll free): **1 844 838-0808**.

Upon receipt of the complaint form, we will confirm the opening of your file. No other documents may be enclosed at this stage of the process with the form.

Subsequently, an investigator will contact you and gather the additional information required to analyze your complaint. At that moment, you will have the opportunity to provide additional documents if you deem it appropriate.

Your identity will not be revealed during the investigation, unless you consent to it.

Mandatory fields are identified by an asterisk.

1. *You are filing a complaint as:

Union

* Name of union

Accreditation number (if known)

An accreditation number consists of two letters (for example, AM) followed by eight numbers. You can find your association's accreditation number in the list of collective agreements in force in Québec, available at www.corail.gouv.qc.ca.

Name of the person from the union you wish to mandate for the processing of your complaint, if applicable

The person you identify will be contacted by the investigator for the processing of every stage of your complaint.

Phone number

Email

Address

Employee

Mrs.
Mr.
Other

*Last name

*First name

*Address

*Municipality

*Province

*Postal code

*Phone number
(enter at least one number)

(home)

(work)

(cellphone)

Email

How would you like us to contact you?

Phone (home)

Phone (work)

Cellphone

*Status	Non-unionized	Unionized	Name of union (if applicable)	
Name of contact person			Title	
Telephone		Email		
If you do not want your union to represent you in the processing of your complaint, please check the following box			If you want another person, company or firm to represent you in the processing of your complaint, you can use the power of attorney template provided by the CNESST.	
Job(s) held during the period covered by the complaint				
May be different from your current job.				
Job class (if known)		<input type="checkbox"/> A job class consists of one or more similar jobs that were grouped together in the course of pay equity work. The jobs grouped together must have several points in common: they must require similar qualifications, involve similar functions and responsibilities, and offer similar remuneration.		
2. Information on the company concerned by the complaint				
*Name of company				
*Address				
*Municipality			*Province	*Postal code
* Phone number		Fax		Name of contact person
Email of contact person			Function of contact person	
3. Grounds for the complaint				
* Why are you filing a complaint?				
I am filing a complaint because no pay equity work has been done in my company.				
What is the type of pay equity work concerned by your complaint?			<input type="checkbox"/> Check the "Initial pay equity exercise" box if your complaint concerns the initial work that should have been done in the company to achieve pay equity. <input type="checkbox"/> Check the "Pay equity audit" box if your complaint concerns work that should have been done to maintain pay equity after the initial pay equity exercise. A pay equity audit must be done every five years.	
<input type="checkbox"/> Initial pay equity exercise <input type="checkbox"/> Pay equity audit <input type="checkbox"/> I do not know				
Submit any other information you deem relevant, if necessary. Please note that the grounds for the complaint can be specified and received in the context of the investigation. (1 page maximum)				

I am filing a complaint because the pay equity work carried out in my company was done incorrectly.

After the work is done, the results are made available to employees by way of a posting. The posting may be done by various means (for example, a document displayed in the staff room or a publication on the intranet site of the company), provided that it is easily accessible to all employees.

What was the type of pay equity work done?

- Initial pay equity exercise
- Pay equity audit
- I do not know

Check the "Initial pay equity exercise" box if your complaint concerns the initial work that should have been done in the company to achieve pay equity.
 Check the "Pay equity audit" box if your complaint concerns work that should have been done to maintain pay equity after the initial pay equity exercise. A pay equity audit must be done every five years.

Date of posting of the results of the work concerned by the complaint (if known)

Enter the date on which the posting of the work results began, if you know it. It is the first day of a mandatory 60-day posting period. That date must be indicated on the posting.

To find out more

What aspect(s) of the pay equity work does your complaint concern? You may check more than one box, or you may check none and explain the situation in the space provided for that purpose. For more information on the grounds for complaints, **see the following page.**

Identification of job classes

Check this box if you believe that the jobs grouped together as a class do not require similar qualifications, involve similar functions and responsibilities or offer similar remuneration.
To find out more

Determination of the gender predominance of the job classes

Check this box if you believe that the gender predominance (female, male or neutral) of one or more job classes was incorrectly determined.
To find out more

Determination of the value of job classes

Check this box if you believe that the value of one or more job classes was incorrectly determined. For example:

- the evaluation did not take into account the qualifications, responsibilities, efforts or work conditions;
- the evaluation overlooked certain requirements for the predominantly female jobs of the company.

To find out more

Assessment of differences in compensation and determination of required adjustments or lump sum amount

Check this box if you believe that differences in compensation between predominantly female and predominantly male jobs were incorrectly valued. For example:

- predominantly female jobs were not compared with predominantly male jobs of equal value.

To find out more

Posting of results

Check this box if you believe that the results posted do not contain all of the required information.
To find out more

Payment of compensation adjustments or lump sum amount

Check this box if you believe that the compensation adjustments you were owed were not paid in full.
To find out more

Participation process

Check this box if you believe that the participation process provided for by the law was carried out incorrectly.
 That process must be implemented by employers, who conduct the pay equity audits alone, and who

- conducted the initial pay equity exercise as a committee
- or
- have a union present in their company.

3. Grounds for the complaint (continued)

Other situation(s)

Describe any other situation related to the pay equity work concerned by your complaint in which the Pay Equity Act was not complied with. Please note that the grounds for the complaint can be specified and received in the context of the investigation. (1 page maximum)

4. Declaration

I declare that the information provided in this form is true, to the best of my knowledge, and I ask the Commission des normes, de l'équité, de la santé et de la sécurité du travail to intervene.

*Signature _____ Date _____

To submit your complaint form to the CNESST online, save it on your computer then click the " Send " button.

You can also send it by email to plainte.es@cnesst.gouv.qc.ca, or by fax to **418 528-6999** or by mail to the following adress:

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