

Department of Labour

Date -

(For office use only)

The complaint on violation of Labour Laws

1. Personal Details –

1.1 Full name of the complaint:

(If the complaint is submitted through the Trade union, Please mention the name and address of the Trade Union, Name: Address:)

1.2 Permanent Address of the complaint:

1.3 National Identity card number/ passport:

1.4 Date of birth:.....Age (As at the date submit the complaint): Years

1.5 Telephone numbers:-

Home

Mobile

1.6 Male/Female:

1.7 Nationality:

(Whether a Sri Lankan or a Foreigner)

2. Details on employer-employee relationship

2.1 Name of the establishment/employer:

2.2 Address of the establishment/employer:

*2.3 Telephone number of the establishment/employer:

2.4 Nature of the business:

*2.5 Whether the establishment is a Company? Partnership? Sole proprietorship? Union /

Association? :

and Registration number of the establishment :

*2.6 Name and address of Directors / Partners / Owners / if a Union, name and address of the Chairmen, Secretary and Treasurer:

- I.
- II.
- III.

2.7 Employees Provident Fund (EPF) number (If know)

Employer Number:

Private Provident Fund (PPF) number (if know)

Employee Number:

2.8 Designation held by the complainant in the establishment:

The work performed:

2.9 Date of joining establishment:

Total Period of service: Years Months..... Days

(As at the date submit the complaint)

2.10 If the service is terminated, the date of termination and reason:

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2.11 Date of last drawn salary: Years Months..... Days

2.12 Basic salary: Other allowances:

*2.13 Total number of employees at the establishment in the years of termination of your services (approximately)

2.14 If you served in janitorial service providing establishment/security services providing establishment/manpower supplying establishment, the name of the place where you were last employed by your employer :

3. Nature of the complaint (put “√” in relevant cage)

I	Regarding Salary		VII	Employment of woman employees on night work without permission	
II	Regarding nonpayment of overtime		VIII	Nonpayment of maternity benefit or maternity leave	
III	An injustice regarding terms and conditions of service		IX	Nonpayment of budgetary relief allowances	
IV	Dismissed from service termination of service		X	Occupational accident/ Occupational diseases	
V	Nonpayment /Delay of gratuity		XI	Failure to take action according employee compensation, Labour Tribunal's order/Arbitration awards	
VI	Nonpayment of employee provident fund (EPF)/Private provident fund(PPF)		XII	Disturbance to trade union activities (Unfair labour practices)	

XIII. If other matter:
Injustice, in brief/description on the dispute:
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3.1 If a complaint has been made on the above matter previously, the no of the complaint and the place to which the complaint submitted:

3.2 If a case is pending/was heard in another court/Labour tribunal regarding this complaint, the court and the case number:

3.3 Already received reliefs:

3.4 Expecting relief by this complaint:

I hereby certify placing signature that the above facts are true and correct.

.....
Date

.....
Signature of the Complaint/designation and
Signature of the trade union representative

(If you have another fact to be mentioned in addition to the above, please attach it to this application)

(Please write the answer to the question with mark * only if you know)