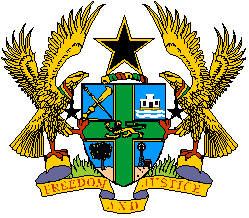


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**REPUBLIC OF GHANA**

**NATIONAL LABOUR COMMISSION**

PMB, Ministries, Accra – Ghana

**Website: www.nlcghana.com**

**COMPLAINT FORM DATE: …………………………………….**

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| **READ THIS FIRST**  **The name of the Complainant must be filled in (b)**  **If there is more than one complainant to the dispute and the referring party is not a trade union or employers’ organization then each complainant must provide his/her personal details and signature on a separate page, which must be attached to this form**  **The alternative contact details (b) should be a union official or employer’s representative, a relative or a friend.**    **Tick the correct box**  **This section must be completed!**  **Type the details on a separate page and attach to this form.**  **Tick the correct box** | 1. **DETAILS OF THE COMPLAINANT (S) IN THE DISPUTE**   **(If more than one Complainant, provide full list of all Complainants)**   1. **Status of the Complainant (s)**   **Employee (s) A Trade Union**  **An Employer An Employer’s Organization**    **Gender (M) (F) (*Please tick*)**   1. **Name of the Complainant (Name of at least one leader if Complainants are many)**   **Name: …………………………………………………………………………………………**  **Postal Address: ………………………………………………………………………........**  **………………………………………………………………………………………………….**  **Tel: ……………………………………… Cell: ………………………………………........**  **Fax: …………………………………….. E-mail: …………………………………………**   1. **Alternative contact details of Complainant (s):**   **Name: …………………………………………………………………………………………**  **Postal Address: ……………………………………………………………………….........**  **………………………………………………………………………………………………….**  **Tel: ……………………………………… Cell: ………………………………………........**  **Fax: …………………………………….. E-mail: ………………………………………...**   1. **DETAILS OF THE RESPONDENT (PARTY WITH WHOM YOU ARE IN DISPUTE)**   **An Employee A Trade Union**  **An Employer An Employer’s Organization**    **Company Name: ……………………………………………………………………………………**  **Title of the Head: …………………………………………………………………………………..**    **Name (if not a Company): …………………..……………………………………………….......**    **Postal Address: ……………………………………………………………………………………**    **Location: ……………………………………………………………………………………………**  **………………………………………………………………………………………………………..**  **Tel: ……………………………………… Cell: ………………………………………....**  **Fax: …………………………………….. E-mail: ………………………………………**   1. **NATURE OF THE DISPUTE**   **What is the dispute about? (tick the box)**  **Unfair Termination Unfair Labour Practice Refusal / Failure to**  **Negotiate**  **Violation of Union Rights Non Payment of Salaries/ SSNIT Contribution**  **Benefits**  **Variation of Terms and Redundancy Pay Discrimination**  **Conditions of Employment**  **Implementation of Collective Disclosure of information Skills Development**  **Agreement /Training**  **Freedom of Association Maternity Protection Dismissal**  **Workplace Injury/Medical Other (Please Specify): ……………………………..**  **Claims**  **…………………………………………………………..**     1. **BRIEF FACTS OF THE DISPUTE YOU ARE REFERRING**   **(Must be TYPED not handwritten. Attach all copies of relevant documents to this form Appointment Letter, Termination Letter, Dismissal Letter, Collective Agreement (CA)), etc.**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**   1. **State which Relevant Documents are attached to this Complaint Form: ……………….**   **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**   1. **DATE OF DISPUTE**   **The dispute arose on: …………………………………………………………………………….**  **(Day, Month and Year)**  **Place of dispute: ……………………………………………………………………………………**  **(City/Town)**   1. **DETAILS OF DISPUTE PROCEDURES FOLLOWED**   **Have you followed any or all Internal Grievance Procedures /Disciplinary Procedures before filing this complaint at the NLC? YES NO**  **If yes, describe the procedure followed / If no explain why: (please summarize)**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………….......**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………**   1. **RELIEF (S) SOUGHT** 2. **…………………………………………………………………………………………………..** 3. **…………………………………………………………………………………………………..** 4. **…………………………………………………………………………………………………..** 5. **…………………………………………………………………………………………………..** 6. **Has this complaint been previously decided upon by any other adjudicating body?**   **YES NO**    **If Yes, state which body and address………………………………………………………**  **……………………………………………………………………………………………………..**   1. **Is this complaint currently pending before any other adjudicating body?**   **YES NO**    **If Yes, state which body and address …………………………………………………………**  **…………………………………………………………………………………………………………**   1. **SECTOR**   **Indicate the Sector or Service in which the dispute arose:**  **Retail Private Security Public Service**  **Mining Paper & Printing Health**  **Transport Services Chemical**  **Distribution Food & Beverage Agriculture**  **Wholesale Building & Construction Civil Service**    **Domestic Hospitality Medical Serv.**    **Other (please describe): ……………………………………………………………………..**   1. **COMPLAINANT’S SIGNATURE: ………………………………………………………….**   **FOR OFFICIAL USE ONLY**  THIS SECTION TO BE COMPLETED BY NLC OFFICIAL:   1. Information provided in this Complaint Form checked for processing by:   **………………………………………………………..**  Name     1. Any Remark(s) by the checking official:   **……………………………………………………………………………………………….**  **………………………………………………………………………………………………**  **………………………………………………………………………………………………**  **…………………………………………… …………………………………**  **Signature Date** |
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