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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** |
|  |  |