




NATIONAL LABOUR COMMISSION

PMB, Ministries, Accra – Ghana
 Website: www.nlcghana.com

COMPLAINT FORM

DATE:

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.

NOTE// This Form and all the necessary attachments must be submitted by the Complainant(s) to the Commission in duplicate upon completion before processing

1. DETAILS OF THE COMPLAINANT (S) IN THE DISPUTE

(If more than one Complainant, provide full list of all Complainants)

(a) Status of the Complainant (s)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Employee (s) | <input type="checkbox"/> A Trade Union |
| <input type="checkbox"/> An Employer | <input type="checkbox"/> An Employer's Organization |
| Gender (M) <input type="checkbox"/> | (F) <input type="checkbox"/> (<i>Please tick</i>) |

(b) Name of the Complainant (Name of at least one leader if Complainants are many)

Name:

Postal Address:

.....

Tel: Cell:

Fax: E-mail:

(c) Alternative contact details of Complainant (s):

Name:

Postal Address:

.....

Tel: Cell:

Fax: E-mail:

2. DETAILS OF THE RESPONDENT (PARTY WITH WHOM YOU ARE IN DISPUTE)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An Employee | <input type="checkbox"/> A Trade Union |
| <input type="checkbox"/> An Employer | <input type="checkbox"/> An Employer's Organization |

Company Name:

Title of the Head:

Name (if not a Company):

Postal Address:

Location:

.....

Tel:

Cell:

Fax:

E-mail:

3. 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/ Benefits SSNIT Contribution
- Variation of Terms and Conditions of Employment Redundancy Pay Discrimination
- Implementation of Collective Agreement Disclosure of information Skills Development /Training
- Freedom of Association Maternity Protection Dismissal
- Workplace Injury/Medical Claims Other (Please Specify):

4. 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.

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Tick the correct box



This section must be completed!

Type the details on a separate page and attach to this form.

5. State which Relevant Documents are attached to this Complaint Form:

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6. DATE OF DISPUTE

The dispute arose on:
(Day, Month and Year)

Place of dispute:
(City/Town)

7. 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)

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8. RELIEF (S) SOUGHT

- 1.
- 2.
- 3.
- 4.

9. Has this complaint been previously decided upon by any other adjudicating body? YES NO

If Yes, state which body and address.....
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10. Is this complaint currently pending before any other adjudicating body?

YES NO

If Yes, state which body and address

.....

11. SECTOR (Indicate the Sector or Service in which the dispute arose)

Retail Private Security Public/Civil Service

Mining Paper & Printing Health Service

Transport Services Chemical

Media Food & Beverage Agriculture

Education Building & Construction Entertainment Industry

Domestic Hospitality Banking/Finance

Manufacturing Other (specify):

12. COMPLAINANT'S SIGNATURE:

Tick the correct box

FOR OFFICIAL USE ONLY

THIS SECTION TO BE COMPLETED BY NLC OFFICIAL:

(a) Information provided in this Complaint Form checked for processing by:

.....

Name

(b) Any Remark(s) by the checking official (*no commentary on the merits/demerits of the complaint*):

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Signature

.....

Date