

# Complaint Form



Industrial  
Relations

## Type of complaint

Select the appropriate box

- Long Service Leave
- Taxi Industry
- Transport Industry Contract Determination
- Local Government
- Entertainment Industry
- Retail Industry

## Section 1: Information About You

1. Title [e.g., Mr, Mrs, Ms.]		
2. First or Preferred name		
3. Family or last name		
4. Date of birth		
5. Home/Postal address		
6. Phone number		
7. Email address		
8. Do you need an interpreter? For an interpreter, contact Translating & Interpreting Services (TIS) on 134 150	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section 2: Information About Your Employer

1. Employer Name	
2. Trading/business name	
3. ABN number	
4. ACN number	
5. Business address	
6. Postal address	
7. The address where you worked	
8. Contact person	
9. Telephone number	
10. Email	



## Section 5: Long Service Leave

1. Are you still working for this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What date did you start?		
3. If you are not working, what date did you finish?		
4. Who terminated the employment	You <input type="checkbox"/>	Employer <input type="checkbox"/>
5. What is/was your employment status?		
6. If you are/were a FULL TIME or PART TIME employee what is/was your WEEKLY wage before tax?		
7. If you are a CASUAL employee what is/was your HOURLY rate before tax?		
8. Did your employer keep a record of the days or hours you worked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Did your employer keep a record of the wages paid to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Did you receive pay slips? If you have answered YES, please provide a copy of your final/last pay slip. Please retain original/s as they may be required during the investigation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section 6: Taxi Industry

1. Are you still engaged by this entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What date did you start?		
3. If you are not engaged by this entity, what date did you finish?		
4. What were you engaged as?  Please refer to the <i>Fact Sheet For Taxi Drivers</i> at <a href="http://www.industrialrelations.nsw.gov.au">www.industrialrelations.nsw.gov.au</a>	Permanent Driver <input type="checkbox"/>	Casual Driver <input type="checkbox"/>
	Don't Know <input type="checkbox"/>	
5. Does the taxi owner/operator keep records?  The taxi owner/operator must keep records for 6 years. These records include: • Payment Election Form • Driver log book forms • Copies of all invoices and receipts issued to the driver • Payments made by the taxi owner/operator for annual leave, sick leave and long service leave • Any monies deducted by the taxi owner/operator or any bonds paid by the driver to the taxi owner/operator.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Don't Know <input type="checkbox"/>

## Section 7: Transport Industry Contract Determinations

1. Does the entity carry on a taxi truck service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did your vehicle advertise that it was a taxi truck?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Were you required to deliver goods within the shortest possible time or within strict timeframes?	Within the shortest possible time <input type="checkbox"/>	Within strict timeframes <input type="checkbox"/>
4. Did you spend the majority of your time delivering goods within a radius of 50 kilometres from the entity's place of business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. What areas of Sydney did you drive in the delivery of goods?		
6. What Transport Industry Contract Determination were you engaged under?		
7. What type of driver were you?	Permanent Driver <input type="checkbox"/>	Casual Driver <input type="checkbox"/>
8. What type of vehicle did you drive in the delivery of goods?		
9. What was the nature of goods carried by you under the contract of carriage?		
10. What percentage of the goods carried by your vehicle were less than 250 kilograms or less?	%	

## Section 8: Entertainment Industry

1. Is your complaint in relation to:	Non-payment for a performance	<input type="checkbox"/>
	Commission is more than the capped fee	<input type="checkbox"/>
2. Do you have a copy of the managerial agreement? If you have answered YES, please provide a copy of the agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. If you have answered YES, please provide a copy of the agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your agent provided any receipts / remittance advices? If you have answered YES, please provide a copy / copies.		
5. Please provide copies of any other relevant documents in relation to your employment, e.g. emails, correspondence.		

## Section 9: Retail Trading

1. Were you directed to work on a restricted trading day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
2. If yes, which day?	<table border="0"> <tr> <td>Good Friday</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Easter Saturday</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Before 1pm on ANZAC Day</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Christmas Day</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Boxing Day</td> <td><input type="checkbox"/></td> </tr> </table>		Good Friday	<input type="checkbox"/>	Easter Saturday	<input type="checkbox"/>	Before 1pm on ANZAC Day	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>											
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3. Please provide copies of any other relevant documents in relation to your employment, e.g. emails, correspondence.												

## Section 10: Declaration

I give NSW Industrial Relations authority to provide my name to the entity nominated on this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give NSW Industrial Relations authority to provide my address to the entity nominated on this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give NSW Industrial Relations authority to provide my telephone number to the entity nominated on this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please note, a 'NO' answer to any of the above may substantially restrict NSW IR's ability to investigate your complaint.**

**Please ensure that you have :**

- completed all parts of your industrial complaint form as accurately as possible
- attached any relevant documentation and information with your complaint (e.g. final/last payslip, letter of demand etc.)

**By ticking this box:** I declare that the information supplied by me is to the best of my knowledge, true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- By submitting this form, you consent to your personal information being used for the purpose of recording workplace relations enquiries and investigating complaints.
- Providing us with the requested information is not required by law.
- Your personal information will not be used or disclosed for a purpose other than that for which it was collected.
- You may request access to your information at any time. To access or update your personal information, or for more information on our privacy obligations, please contact the NSW Treasury Privacy Coordinator.