



All 5 Parts MUST be completed

PART 1 – Who is Applying : (Provide Names, Addresses and Telephone #s of any Additional Applicants on a Separate List)

Are You: (Check All That Apply)

- An Individual Employee
 A Group of Employees
 An Agent Acting for Employee(s)
 In a Union
 Not in a Union
 An Employer OR A Union

Applicant Name: (Mr. Mrs. Ms.)

What is your Job Title:

Address:

City:

Postal Code:

Telephone: (H): ()

(W): ()

ext..

E –mail:

Cell: ()

Fax: ()

Name and Job Title of Person to contact about this application

Telephone # of Contact:

(H): ()

(W): ()

ext..

PART 2 – Employer

Name of Employer:

Type of Business/Organization:

Name and Job Title of Person to Contact: (Mr., Mrs., Ms.)

Address:

City:

Postal Code:

Telephone: (W): ()

(Fax): ()

E –mail:

PART 3 – Union/Association/Labour Organization (If applicable)

Name:

Name and Job Title of Person to Contact: (Mr., Mrs., Ms.)

Address:

City:

Postal Code:

Telephone: (W) ()

ext.

Fax: ()

E-mail:



PART 4 – Why Are You Applying

- Pay equity was not done / I don't know if Pay Equity was done
- Pay equity is not being maintained in the organization
- I disagree with the results of pay equity
- I have been fired, harassed, or I suffered a penalty because of pay equity
- Employer and Union cannot reach an agreement on pay equity
- Pay equity is not being carried out as stated in the plan
- There has been a violation of the Act, the Regulations or an Order of the Commission
- Other (Specify Please) _____

Provide a description about your complaint. (Use additional pages, if necessary. You may attach any documents that you have):

PART 5 – Confidentiality

IMPORTANT: If you are an Employee, the Pay Equity Office will NOT give your name to the Employer or Union without your permission. Do you give the Pay Equity Office permission to release your name to:

The Employer: Yes No

The Union: Yes No

Please PRINT Full Name

Signature: _____ Date: _____

If you need help with this application, please call in Toronto (416) 314-1896 or outside the Toronto area 1-800-387-8813
Mail, fax or e-mail your completed application form to the attention of the Case Coordinator at the addresses listed above.

This information is collected under the authority of the Pay Equity Act, 1987 for the purposes of its enforcement. For information concerning the collection and use of this information, please contact Legal Counsel, Pay Equity Office, at the above addresses.

Office Use Only

Date Received:	Form <input type="checkbox"/>	Telephone <input type="checkbox"/>	E-mail <input type="checkbox"/>	Received By (initial)	File No.
	Letter <input type="checkbox"/>	Fax <input type="checkbox"/>			

