

**DISCRIMINATORY ACTION —
EMPLOYER OR UNION RESPONSE**

If mailing completed form,
see contact information below.

WorkSafeBC use only

Discrimination complaint number

If you have any questions or need help with this form, please call the phone number on page 2. Alternatively, you may wish to use the free services offered by the Employers' Advisers Office of the Ministry of Labour and Citizens' Services. They can be contacted locally at 604 713-0303, or toll-free from within BC at 1 800 925-2233.

It is important that you respond to this complaint. The *Workers Compensation Act* (Act) states “. . . the burden of proving that there has been no such contravention is on the employer or the union, as applicable.”

Full legal name and address of employer or union
WorkSafeBC firm number <i>(if applicable)</i>
Name and title(s) of employer's chief executive officer or owner(s), or union's business agent
Name, job title, and office address of official to contact for information concerning this complaint
Phone number <i>(please include area code)</i>
Nature of undertaking <i>(please indicate whether corporation, partnership, sole proprietorship, provincial government, crown agency, local authority, trade union, or other)</i>



If you are disputing the worker's complaint, please provide your own detailed account of the events in question. The information provided should be specific as to date(s), time(s), place(s), and person(s) involved. In particular, if you agree that you took the discriminatory action complained of by the worker under section 150 of the Act, why did you do so? Was it in whole or in part for the worker taking any of the actions set out in section 151 of the Act, or was it for other reasons entirely?

If the worker's complaint concerns a failure to pay wages, what is your response?

Generally, the best evidence will be from individuals having personal knowledge/involvement in the matter that is the subject of the worker's complaint, and written statements signed by those individuals would be of value. Please also provide copies of any documents that you believe are relevant to this complaint.

Please use additional sheets if necessary.

If you have a person representing you, please provide their name, address, and phone number.

Name of representative <i>(if applicable)</i>	Phone number <i>(please include area code)</i>		
Mailing address	City	Province	Postal code

I certify that the information provided is correct to the best of my knowledge.

Signature, name, and job title of person completing this form	Date <i>(yyyy-mm-dd)</i>
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Visit our web site at **WorkSafeBC.com**.

Mailing Address

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Location

6951 Westminster Hwy.
Richmond BC V7C 1C6

Telephone 604 232-1864

Toll-free in B.C. 1 888 621-7233, ext. 1864
Fax 604 233-4040

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

