

Failure to Pay OHS Regulation Wages Complaint

Instructions

This form is for making a complaint under the *Workers Compensation Act* about an employer's failure to pay wages for duties related to workplace health and safety, as required by the Occupational Health and Safety (OHS) Regulation.

For more information about the complaint process and filling out your form, visit worksafebc.com/prohibitedaction.

To complete this form digitally, please use the latest version of [Adobe Acrobat Reader](#), a free app. Avoid opening the form in an internet browser, such as Microsoft Edge or Google Chrome, or any other third-party PDF viewer, as some functionality will not work properly.

If you run out of room when responding to any question, please include an additional document with the remainder of your answer and indicate which section of the form it relates to.

Failure to pay wages required by the Occupational Health and Safety Regulation

You can file a failure to pay wages complaint if your employer has not paid you for any of the following:

- Working as a member of the joint health and safety committee (e.g., time to attend meetings and educational leave)
- Accompanying a WorkSafeBC prevention officer on a safety inspection
- A layoff resulting from WorkSafeBC issuing a stop-work order

Your complaint must be filed **within 60 days** after the wages became payable.

If you are owed wages for any other reason, please contact the [Employment Standards Branch](#).

Part 1 — Background information

Your contact details

We will use this contact information to communicate with you, so **let us know if it changes**. Please respond to our questions. If you don't, we may suspend or dismiss your complaint for lack of information.

First name	Last name	Pronouns <small>(optional)</small> <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> ze/zir Alternatively, specify	
Email address		Month and year of birth	Phone number <small>(include area code)</small>
Mailing address		City	Province Postal code

The employer you are complaining about

Name of employer	Email address		Phone number <small>(include area code)</small>
Mailing address	City	Province	Postal code
Work location <small>(if different from the mailing address above)</small>	City	Province	Postal code

Failure to Pay OHS Regulation Wages Complaint**Your job**

Provide information about your employment with the employer listed above.

Your occupation or job title	Do you still work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was your last day of work? (yyyy-mm-dd)
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Part 2 – Occupational health and safety wages complaint details

Please explain your complaint to us. By providing all the information we ask for in this section, you'll make it easier for your complaint to be evaluated. If you don't provide us with enough information, we won't be able to evaluate your complaint and your complaint might be dismissed.

Note: If you are a unionized employee, you can file a failure to pay wages complaint against your employer with WorkSafeBC **or** you may be able to have the matter dealt with through the grievance procedure under your collective agreement, **but you cannot do both.**

Have you filed a union grievance about the same employer actions in this complaint?

 Yes No

If yes:

- WorkSafeBC will open a file to register your complaint;
- WorkSafeBC will not take any further action on this complaint, unless your union decides not to pursue the grievance. If this happens, you will need to advise WorkSafeBC of the union's decision so we can proceed with your complaint.

What wages did your employer not pay?**Select all that apply and answer the applicable questions**

- My employer did not pay me for time I spent participating in activities related to the joint occupational health and safety committee.

What were the joint occupational health and safety committee activities that you were not paid for?

What were the dates, and how much time did you spend on each activity?

- My employer did not pay me for educational leave I took to participate in joint occupational health and safety committee training.

What were the dates of the joint occupational health and safety committee training that you were not paid for?

How much time did you spend at the training?

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- My employer did not pay me for time I spent doing a safety inspection with a WorkSafeBC prevention officer.

What were the dates of the safety inspection you were not paid for?

How much time did you spend doing the inspection?

- My employer did not pay me wages I lost due to a layoff because WorkSafeBC issued a stop-work order.

What were the dates and hours you were laid off work due to a stop-work order?

Is there a collective agreement covering your job? If so, please send us a copy of the relevant section of your collective agreement.

Part 3 – Other proceedings

Have you initiated any other proceedings dealing with the same matter(s) described in this complaint with any of the following? (select all that apply)

- Human Rights Tribunal
 Employment Standards Branch
 Labour Relations Board
 Court proceeding
 Other (please describe)

If you checked any of the above, please submit the document(s) you used to start the other proceeding(s)

- I have attached the relevant document(s)

Tell us what is happening now in the other proceeding(s). What stage are you at, and when do you expect the proceeding(s) to be completed?

Failure to Pay OHS Regulation Wages Complaint**Part 4 – Acknowledgments and consent – required to submit your complaint**

In order to finalize your failure to pay wages complaint and to submit it to WorkSafeBC, please carefully review the following acknowledgments and options for consent.

Acknowledgments

1. I acknowledge that as part of the process for evaluating, mediating, and holding a hearing into my complaint, WorkSafeBC will disclose any information or documents collected in the course of inquiring into my complaint to my employer; to a mediator, if mediated; to the Workers' Compensation Appeal Tribunal if the complaint decision is appealed; and to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.
2. I acknowledge that WorkSafeBC may access certain information in my claim or occupational health and safety records under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*, and does not need to obtain my consent where it is necessary for the performance of its duties regarding my complaint.

Consents

1. **Email:** WorkSafeBC will communicate with you and the other parties by email unless you tell us that you do **not** want us to use email. These parties may include:
 - You
 - Your employer or union
 - Your authorized representative, if any (e.g., your lawyer, the Workers' Advisers Office, or other designated person)
 - Any third party retained by WorkSafeBC to assist in the resolution of this complaint (e.g., mediation services)

Personal information that may be in the emails we send to you can include your name, personal contact details, work and employment details, identifiers such as complaint number, and other information.

Please check the box below only if you do **not** want communications sent by email.

I **do not** consent to email communication with WorkSafeBC.

2. **Obtaining records from third parties:** I consent to WorkSafeBC obtaining or viewing from any third-party source whatsoever, a copy of any records or documents that may relate to my complaint for the purpose of evaluating, mediating, and/or adjudicating my complaint. (Note: If you don't consent, we won't be able to proceed with your failure to pay wages complaint.)

Please sign here to confirm your acknowledgments and consents above. We accept [electronic signatures](#), or you can print the form and sign it.

Date (yyyy-mm-dd)

This form must be signed and dated before we can move forward with your failure to pay wages complaint.



Law & Policy Division

Failure to Pay OHS Regulation Wages Complaint

How to submit this form

If you've completed and signed this form electronically, ensure it's saved to your device. You can then [email](#) it to us or submit it using our [uploader](#). If you've printed this form and signed it by hand, you can scan it and email it to us, use our uploader, or mail us the original (see addresses below). Be sure to include all necessary attachments when you submit.

Email

prohibitedaction@worksafebc.com

Uploader

workerprohibitedaction.online.worksafebc.com

Mail

Prohibited Action Complaints
Law & Policy Division
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Questions?

Phone 604.232.1864
Toll-free
1.888.621.7233,
ext. 1864

Next steps

Once your complaint is submitted, we will review it to see if it meets the requirements to qualify as a failure to pay wages complaint under the *Workers Compensation Act*.

If it does, you will be offered the opportunity to mediate your complaint with your employer using a mediator paid for by WorkSafeBC.

If the parties do not agree to mediate or cannot settle the matter at mediation, the matter may proceed to a written hearing.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. The *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act* give WorkSafeBC the authority to collect this information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office by email at FIPP@worksafebc.com, by telephone at 604.279.8171, or by mail at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5.