

Worker Prohibited Action Complaint**Instructions**

This form is for workers to make a complaint under the *Workers Compensation Act* about a prohibited action.

For more information about the prohibited action complaint process and filling out this 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.

Prohibited action complaints information

There may be a prohibited action when these three elements are present:

1. There was a health and safety concern or unsafe condition at your workplace;
2. You raised the issue with your employer, your union, or WorkSafeBC; and
3. Because you raised the health and safety concern or unsafe condition,
 - Your employer took a negative action related to your employment; or
 - Your union took a negative action related to your union membership.

Your complaint **must be filed within 1 year** from the employer's action or the union's action occurring.

Please note: We cannot fix workplace health and safety concerns or unsafe conditions through a prohibited action complaint. We only address the negative impact of actions taken by your employer or union related to your employment or union membership. Please contact the Prevention Information Line at 1.888.621.7233 for the health and safety concern or unsafe condition.

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 (optional) <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 (include area code)	
Mailing address	City	Province	Postal code

Worker Prohibited Action Complaint**The employer or union you are complaining about**

Provide contact information for the employer you are complaining about. Provide union contact details **only** if your complaint is against a union.

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

Your job

Provide information about your employment with the employer or membership with your union listed above.

Your occupation or job title

If you are complaining about an employer

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)
--	---

If you are complaining about a union

Are you still a member of this union? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was your last day of membership? (yyyy-mm-dd)
---	---

Part 2 – Prohibited action 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 properly evaluate your complaint and your complaint may be dismissed.

Note: If you are a unionized employee, you can file a prohibited action 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: <ul style="list-style-type: none">• 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.

Worker Prohibited Action Complaint

A. What is the health and safety concern or unsafe condition?

Select all health and safety concerns or unsafe conditions that apply	
<input type="checkbox"/> Reporting bullying and harassment Bullying and harassment is inappropriate conduct or comment by a person towards a worker that the person knew or should have known would cause humiliation or intimidation. It does not include reasonable actions taken by an employer to manage or direct a worker. Prohibited action complaints do not determine if bullying and harassment took place. Prohibited action complaints only determine whether your employer or union took negative action against you because you informed your employer or union about your bullying and harassment concerns. It is your employer's responsibility to investigate and determine whether you experienced bullying and harassment.	Who at your employer or union did you tell? What did you tell them? When did you tell them?
<input type="checkbox"/> Concern about unsafe condition	Who at your employer or union did you tell? What did you tell them? When did you tell them?
<input type="checkbox"/> Refusal of unsafe work	Who at your employer or union did you tell? What did you tell them? When did you tell them?
<input type="checkbox"/> Concern about your physical condition that made it unsafe for you to carry out your work duties	Who at your employer or union did you tell? What did you tell them? When did you tell them?

Worker Prohibited Action Complaint

Select all health and safety concerns or unsafe conditions that apply	
<input type="checkbox"/> Concern about your psychological safety or psychological health that made it unsafe for you to carry out your work duties	Who at your employer or union did you tell? What did you tell them? When did you tell them?
<input type="checkbox"/> Other (please provide a short description below)	Who at your employer or union did you tell? What did you tell them? When did you tell them?

Complete section B if your complaint is against your employer. (Complete section C if your complaint is against your union.)

B. What did your employer do?

What did your employer do after you raised the health and safety concern(s) or unsafe condition(s)? (select all that apply)	When did your employer do this? (yyyy-mm-dd)
<input type="checkbox"/> You were suspended	
<input type="checkbox"/> You were laid off	
<input type="checkbox"/> You were fired	
<input type="checkbox"/> You were demoted or an opportunity for promotion was taken away from you	
<input type="checkbox"/> You were transferred to another job	
<input type="checkbox"/> Your job responsibilities were transferred to someone else	
<input type="checkbox"/> You were sent to another worksite	
<input type="checkbox"/> Your wages were reduced or your working hours were changed	
<input type="checkbox"/> You were coerced or intimidated to keep you from raising health and safety concerns or reporting unsafe conditions	
<input type="checkbox"/> You were disciplined, reprimanded, or penalized	
<input type="checkbox"/> Other (please describe)	

Worker Prohibited Action Complaint

Complete section C only if your complaint is against your union.

C. What did your union do?

What did your union do that affected your union membership?	When did they do it? (yyyy-mm-dd)

Part 3 – Documents

If any of the following documents are available, please submit them with your complaint form (select all that you are submitting)

- Email or letter raising the health and safety concern(s) or unsafe condition(s)
- Notice of termination of employment
- Notice of change in job assignment or responsibilities
- Record of employment (if you have been fired or laid off)
- Discipline or warning letter(s)
- Pay statements showing reduction in pay or hours if you feel your pay or hours were reduced

Part 4 – 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

- 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 other proceeding(s) to be completed?

Worker Prohibited Action Complaint**Part 5 – Acknowledgments and consent – required to submit your complaint**

In order to finalize your prohibited action 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 or union as applicable; 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 prohibited action 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 prohibited action 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 prohibited action 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.



Law & Policy Division

Worker Prohibited Action Complaint

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 your complaint meets the basic requirements to qualify as a prohibited action complaint under the *Workers Compensation Act*.

If it does, you will be offered the opportunity to mediate your complaint with your employer or union, 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.