



FOR OFFICE ONLY

COMPLAINT FORM – GENETIC TESTING

Canada Labour Code, Part III (Labour Standards) – DIVISION XV.3

BEFORE FILING A COMPLAINT

- A Genetic Testing complaint is admissible if you:
 - file the complaint involving disciplinary action no later than **90 days** after the date on which you knew of the action or circumstances giving rise to the complaint. Before completing this form, please review the [Filing a Complaint](#) web page and consult the list of [federally regulated](#) industries
- For more information on [federal labour standards](#), please visit: <https://www.canada.ca/en/services/jobs/workplace/federal-labour-standards.html> or call toll free 1-800-641-4049, Teletypewriter (TTY) users 1-800-926-9105.
- Send the completed form to the nearest [Labour Program Office](#).

Note:

- Complaints related to the collection or use of genetic test results without written consent must be filed within six months from the day on which the subject-matter of the complaint arose. **To file this complaint, you must complete and submit the [Non-monetary complaint form](#). Do not use this form.**
- Complaints related to third party disclosure must be filed with the provincial Privacy Commissioner, or the Privacy Commissioner of Canada.

SECTION A – YOUR PERSONAL AND WORK INFORMATION

Last/Family name		First/Given name		Middle initial
Mailing address (number, street, apartment, PO box, rural route)				
City/Town	Prov./Territory	Postal Code	Telephone	
Telephone (alternate)	Job title		Temporary Foreign Worker? ☐ Yes ☐ No	
First day of work (YYYY-MM-DD)	Last day worked or date on which the discrimination related to genetic testing arose (YYYY-MM-DD)		☐ Still employed	
Did you provide the employer with documents stating that an internship fulfils the requirements of an educational program? ☐ Yes ☐ No (Go to section B)				
Start date of internship (YYYY-MM-DD):		End date of internship (YYYY-MM-DD):		
Attach student internship schedule (if applicable)				

SECTION B – EMPLOYER INFORMATION

Full legal name of employer, company or business		Industry or business type
Is this business operating under another name? ☐ Yes (Provide the name) ☐ No		
Your workplace address (number, street, apartment, PO box, rural route)		



City/Town	Prov./Territory	Postal Code
Employer's contact person	Title	Telephone Number
Employer's business or mailing address (if different from above) (number, street, apartment, PO box, rural route, city/town, province/territory, postal code)		
Is the employer still in business? ☐ Yes (Go to section C) ☐ No (Complete below)		
If no, specify: ☐ Bankruptcy ☐ Closed its doors ☐ Other		
Date (YYYY-MM-DD) : _____		
If other, specify: _____		

SECTION C – GENETIC TESTING COMPLAINT ALLEGATIONS

For a Genetic Testing complaint involving disciplinary action to be admissible, it must be filed no later than 90 days after the date on which you knew of the action or circumstances giving rise to the complaint:

1. Have you refused a request by the employer to undergo a genetic test?
☐ No ☐ Yes
2. Have you refused a request by the employer to disclose the result of a genetic test?
☐ No ☐ Yes
3. Have you been disciplined based on the results of a genetic test?
☐ No ☐ Yes

Reminder: To file a Genetic Testing complaint related to the employer collecting or using your test results without written consent, you must complete and submit the [Non-monetary complaint form](#). Do not use this form.

If applicable, what disciplinary measures have been taken:

- | | | | |
|------------------------------------|--------------------|---|--------------------|
| ☐ Dismissed | Date (YYYY-MM-DD): | ☐ Demoted | Date (YYYY-MM-DD): |
| ☐ Suspended | Date (YYYY-MM-DD): | ☐ Imposed a financial or other penalty | Date (YYYY-MM-DD): |
| ☐ Laid off | Date (YYYY-MM-DD): | | |
| ☐ Other | Specify: _____ | | |
| Date (YYYY-MM-DD): | | | |

Please do not submit genetic test results to the Labour Program.

SECTION D - MEMBER OF A GROUP OF EMPLOYEES SUBJECT TO A COLLECTIVE AGREEMENT

Were you covered by a collective agreement when the event, resulting in this complaint, occurred?

- ☐ Yes (Complete below) ☐ No (Go to section E)

Provide full union's name and local



Did you file a grievance related to the same events(s)?

☐ Yes

☐ No

Name of union representative

Telephone

SECTION E - REPRESENTATION BY A LEGAL COUNSEL OR ANOTHER INDIVIDUAL (e.g. spouse, common-law partner, other family member or friend)

Are you represented by a legal counsel or another individual?

☐ Yes (Complete Part A or Part B)

☐ No (Go to section F)

Part A – Representation by a legal counsel

Full legal counsel's name

Name of the Law Firm (if applicable)

Complete Address (number, street, apartment, PO box, rural route) and telephone

Part B – Representation by another individual (who is not a legal counsel) e.g. spouse, common-law partner, other family member or friend

Authorized person's Last/Family name

Authorized person's First/Given name

Address (number, street, apartment, PO box, rural route)

City/Town

Prov. /Territory

Postal Code

Telephone

SECTION F - ELIGIBILITY FOR AN EXTENSION OF TIME TO FILE A COMPLAINT (Please complete this section only if you are outside the 90-day deadline to submit your complaint.)

You may be eligible for an extension of time to file a complaint if you:

- filed a complaint with another government official
- filed a complaint under the wrong complaint category, or
- filed a previous complaint that was incomplete or contained an error

If one or more of these criteria apply to you, complete the relevant section(s) below (section i, ii, and iii). If they do not apply to you, go to section G.

i) COMPLAINT FILED WITH ANOTHER GOVERNMENT OFFICIAL

Another government agency may include: a Provincial or Territorial government, a Human Rights Commission, a Workers Compensation Board or a federal official that you believe had the authority to deal with the complaint.

If you filed a Genetic Testing complaint with another government official that had no authority to deal with the complaint, an extension of time to file such complaint with the federal Labour Program may be allowed if you:

- filed a complaint involving disciplinary action no later than **90 days** after the date on which you knew of the action or circumstances giving rise to the complaint

Did you file a Genetic Testing complaint with another government official?

☐ Yes (Complete below)

☐ No (Go to section ii)

If yes, with which government official?



If yes, was the Genetic Testing complaint filed with the other government official during the time-period required?

☐ Yes (Complete below) ☐ No (Go to section ii)

If yes, date you filed your complaint with the other government official (YYYY-MM-DD)

ii) COMPLAINT FILED UNDER THE WRONG COMPLAINT CATEGORY

The 90-day deadline for filing a Genetic Testing complaint involving disciplinary action may be extended if you filed either an Unjust Dismissal or a Reprisal complaint within the 90-day statutory time limit and that complaint was withdrawn. Note: reprisal complaints are filed with the [Canada Industrial Relations Board](#).

For more information on filing Genetic Testing complaints, visit the [Filing a complaint web page](#).

Did you previously file an Unjust Dismissal or a Reprisal complaint that was withdrawn?

☐ Yes (complete below) ☐ No (Go to section iii)

If yes, was the previous complaint filed during the required time-period?

☐ Yes (complete below) ☐ No (Go to section iii)

If yes, provide the date on which your previous complaint was filed (YYYY-MM-DD)

iii) FILED A PREVIOUS COMPLAINT THAT WAS INCOMPLETE OR CONTAINED AN ERROR

The 90-day deadline for filing a Genetic Testing complaint involving disciplinary action may be extended if you filed a previous complaint within the 90-day statutory time limit and that complaint was withdrawn because it was incomplete or contained an error. For more information on filing a Genetic Testing complaint, visit the [Filing a complaint web page](#).

Was your previous Genetic Testing complaint incomplete or did it contain an error?

☐ Yes (complete below) ☐ No (Go to section G)

If yes, was the Genetic Testing complaint filed with the Labour Program during the required time-period?

☐ Yes (complete below) ☐ No (Go to section G)

If yes, provide the date on which your previous complaint was filed with the Labour Program (YYYY-MM-DD)

SECTION G – RESTRICTION ON FILING MULTIPLE COMPLAINTS FOR SUBSTANTIALLY THE SAME FACTS

Subsections 247.99(1.1) of the Canada Labour Code (Code)

This complaint cannot be filed if a Reprisal complaint (246.1(1) of the Code) or an Unjust Dismissal complaint (240(1) of the Code) has already been filed, that is based on substantially the same facts, unless that complaint has been withdrawn.

A Monetary and/or Non-monetary complaint may be filed if it relates only to the payment of your wages or other amounts to which you are entitled, including amounts further to a group termination, an individual termination or severance pay. The Monetary and/or Non-monetary complaint will be **suspended** until the day on which the Genetic Testing complaint, Reprisal complaint or Unjust Dismissal complaint, as the case may be, is withdrawn or resolved.



SECTION H – PRIVACY NOTICE

Your personal information is being collected to handle your genetic testing complaint and is collected under the authority of the Canada Labour Code. The collection of this information is voluntary and a refusal to provide the information may result in delays in handling your complaint.

A copy of your complaint form and supporting documentation will be provided to the employer named in your complaint and/or his or her representative. Please ensure that you only provide information required for the resolution of this complaint and do not provide your genetic testing results or the personal information of third parties, such as witnesses.

Your information will be protected in accordance with the [Privacy Act](#). You have the right to the protection of, and access to, your personal information, which is described in Personal Information Bank ESDC PPU 006. More details about the departmental handling of your personal information can be found at [Infosource](#) (www.infosource.gc.ca). You have a right to access your personal information and, where required, to correct inaccurate personal information. In addition, if you feel that your personal information is being handled inappropriately, you have the right to file a complaint to the Office of the Privacy Commissioner by calling their information centre at 1-800-282-1376 or by [visiting their contact pages](#) (<https://www.priv.gc.ca/en/>).

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. These additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. If your complaint results in a decision from the Canada Industrial Relations Board (CIRB), this decision and your identity may be made available to the public. For more information about the CIRB process, visit their website.

SECTION I – SIGNATURE OF THE COMPLAINT FORM (Signatures are required)

BY THE EMPLOYEE

I (Complainant) certify that the information given on this form is, to the best of my knowledge, true and correct and that I have read and understood the Privacy Notice in SECTION H.

Complainant

Signature

Date (YYYY-MM-DD)

BY A LEGAL COUNSEL OR ANOTHER AUTHORIZED INDIVIDUAL (If you completed Section E, the individual named in that section MUST sign below)

I (Authorized person* / Legal counsel) certify that the information given on this form is, to the best of my knowledge, true and correct and that I have read and understood the Privacy Notice in SECTION H.

Authorized person* / Legal counsel

Signature

Date (YYYY-MM-DD)

***IMPORTANT: The authorized person (who is not a legal counsel) must retain a proxy and attach such document to this form. The complaint will be considered officially filed at the Labour Program the date the proxy is provided.**

SECTION J – REMEMBER TO

- ☐ Sign and date the form
- ☐ Complete all applicable sections



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Received date (YYYY-MM-DD):

Name of receiving official

Received via (Check one)

☐ In person ☐ Mail ☐ Fax ☐ Other

Forwarded to (district office)

LA2000 / ILS Assignment No.:

Date Acknowledgement Letter of Receipt sent to complainant (YYYY- MM-DD):

FOR OFFICE USE ONLY – EXTENSION OF TIME TO FILE A COMPLAINT

Complaint alleging discrimination related to Genetic Testing involving disciplinary action must be filed at any Labour Program office within 90 days after the date on which the complainant knew of the action or circumstances giving rise to the complaint.

Extension – An extension of time to file a complaint is applicable when:

- a complaint was filed within the period established by the Code, but to a government official (e.g. a provincial or territorial government) who had no authority to deal with the complaint and the person making the complaint believed the official had that authority
- a previous Unjust Dismissal or Reprisal complaint, based on substantially the same facts, was filed within the 90-day statutory time limit and was withdrawn, and/or
- a previous Genetic Testing complaint was filed within the 90-day statutory time limit and it was withdrawn because it was incomplete or contained an error

DECISION OF THE REGIONAL MANAGER

By the power delegated to me by the Head of Compliance and Enforcement, I extend the period of time to file a complaint of Genetic Testing because I am satisfied that a:

- ☐ complaint was filed within the prescribed period of time to a government official who had no authority to deal with the complaint and the person making the complaint believed the official had that authority
- ☐ previous Unjust Dismissal or a Reprisal complaint, based on substantially the same facts, was filed within the 90-day statutory time limit and it was withdrawn
- ☐ previous Genetic Testing complaint, based on substantially the same facts, was filed within the 90-day statutory time limit and it was withdrawn because it was incomplete or contained an error

The date extended is the date that the present complaint was filed with the Labour Program.

Date: (YYYY-MM-DD):

Name of the Regional Manager

Signature

Date (YYYY-MM-DD)

☐ Extension of time is not granted

Name of the Regional Manager

Signature

Date (YYYY-MM-DD)

Comments