

UNFAIR DISMISSAL COMPLAINT FORM

(Initial Grievance Submission – Pursuant to the Employment Code Act No. 3 of 2019)

PART A: COMPLAINANT INFORMATION

Full Name: _____

National Registration Card (NRC) Number: _____

Phone Number: _____

Email Address (if any): _____

Residential Address: _____

Occupation/Job Title: _____

PART B: EMPLOYER DETAILS

Name of Employer: _____

Company Registration Number (if known): _____

Employer Type: Private Company NGO Government Other

Business Address: _____

Supervisor/Manager's Name (if known): _____

PART C: EMPLOYMENT BACKGROUND

Date of Employment Commencement: _____

Nature of Employment: Permanent Fixed-Term Casual Probationary

Place of Work: _____

Gross Monthly Salary: _____

Termination Date: _____

PART D: SUMMARY OF COMPLAINT

Describe the circumstances surrounding the dismissal and why you believe it was unfair. Include dates, events, and any witnesses (if applicable).

PART E: RELEVANT DOCUMENTATION

Please attach copies of the following if available:

- Employment Contract
- Termination Letter / Notice of Dismissal
- Payslips or Salary Records
- Internal Correspondence (Emails, WhatsApp messages, etc.)
- Witness Statements (if any)
- Any other supporting evidence

PART F: REMEDY SOUGHT

- Reinstatement to employment
 - Compensation in lieu of reinstatement
 - Issuance of a certificate of service
 - Apology or formal acknowledgment of wrongful dismissal
 - Other: _____
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PART G: DECLARATION

I, the undersigned, confirm that the information provided in this complaint is accurate and true to the best of my knowledge. I understand that false statements may affect the integrity of my case.

Signature of Complainant: _____

Date: _____

FOR OFFICE USE ONLY

Date Complaint Received: _____

Handled By: _____

Case Reference Number: _____

Follow-up Date Set: _____

Referral Status: Internal Resolution Labour Office Labour Commissioner

Court Action

Legal Basis for Claim

This grievance is lodged under the **Employment Code Act No. 3 of 2019**, particularly:

- **Section 36:** Protection against unfair dismissal
- **Section 48:** Procedures for termination
- **Section 54:** Remedies for unlawful termination
- **Section 61-66:** Settlement of individual disputes

Where applicable, the complaint may also be addressed under the **Industrial and Labour Relations Act, Cap. 269**, and related statutory instruments.

Official Stamp (if applicable): _____

Signature of Receiving Officer: _____

Date: _____