

GENERAL COMPLAINT FORM

A.	Name of Worker [*]	
	Father Name & Address [*]	
	Phone No. [if any]	
	Contact Address [*]	
B.	Nature of complaint [*]	
	i	Service terminated
	ii	Wages not paid
	iii	Bonus not paid
	iv	Records not maintained by employer
	v	ESI & PF facilities not provided
	vi	Less than minimum wages paid
	vii	Over time not paid
	viii	Any other [in 200 characters only]
C.	Previous complaint made if any [details thereof]	
	i	When given date
	ii	To whom given in Labour Department
	iii	Action if any taken [in 200 characters only]
	iv	Any claim / industrial disputes field [in 200 characters only]

[*] Information for all star marked fields is mandatory