



INDUSTRIAL RELATIONS CLAIM FORM

FILL OUT THIS FORM IF:

- you are/were employed under a state award/agreement or state legislation.
If in doubt ring the SafeWork SA Help Centre on 1300 365 255 for confirmation.

DO NOT USE THIS FORM IF:

- you are/were employed by a constitutional corporation (see definition below) and your claim relates to a period of time entirely after 27 March 2006.
or
- you are/were employed under a federal award/collective agreement/AWA (Australian Workplace Agreement) or federal legislation.
If so, you should contact the Fair Work Infoline on 13 13 94.
- you have an unfair dismissal claim.
Unfair dismissal claims need to be lodged with the relevant Industrial Relations Tribunal within 21 days under the state industrial relations system and 14 days under the federal industrial relations system, beginning the day after termination took effect. Employees making lodgement inquiries regarding unfair dismissal are able to contact the Tribunal on the following telephone number(s):
 - employees covered by the federal industrial relations system - Fair Work Commission 1300 799 675
 - employees covered by the state industrial relations system - Industrial Relations Commission (08) 8207 0999.

SAFEWORK SA WILL:

- send you a written acknowledgment within seven days of receiving your claim form.
- at its discretion and where appropriate, encourage and assist parties that are disputing an industrial matter to resolve it within 21 days before SafeWork SA commences a formal investigation.
- endeavour to resolve your claim. However, if it is found that you do not have a valid claim or there is insufficient evidence for SafeWork SA to pursue your claim, you will be notified accordingly.
This does not prevent you from taking further action in the Industrial Relations Court. SafeWork SA can provide you with assistance in relation to this action and may provide the Industrial Relations Court with a summary, and any other relevant information, relating to its involvement with your claim.

During the course of SafeWork SA's investigation, circumstances may arise which require us to make a copy of this claim available to your employer. Accordingly, you are encouraged to ensure that all statements or allegations made are accurate and truthful.

WHAT IS A CONSTITUTIONAL CORPORATION?

A constitutional corporation is a body incorporated under an Australian law and engaged in, or substantially engaged in, trading or financial activities. Generally, these are companies which carry out commercial activities with a view to earning revenue. Incorporated associations may also be constitutional corporations.

Business entities that do not fall within the definition of the constitutional corporations have been found to include partnerships, unincorporated associations, trusts and sole traders.

To speak to SafeWork SA in a language other than English, contact the Interpreting and Translating Centre on (08) 8226 1990 and ask them to contact SafeWork SA. This interpreting service is available at no cost to you.

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED IN FULL
FAILURE TO DO SO MAY RESULT IN SIGNIFICANT DELAYS IN PROCESSING YOUR CLAIM

YOUR DETAILS

Surname: Mr / Ms / Mrs / Miss

Given names:

Address:

Postcode:

Email:

Daytime telephone no.: Mobile telephone no.:

Home telephone no.:

Date of birth: / /

YOUR EMPLOYER

Employer name:

Trading name:

ABN (as shown on payslip/group certificate):

Address where employed:

Workplace email:

Telephone no.: Mobile telephone no.:

Contact person at the business:

What is the main work carried out by the business?

YOUR JOB

Date started: / / Date finished (if applicable): / /

Basis of employment: Full-time Part-time Casual

Other (please specify):

Were you an: Apprentice Trainee Neither

Your job title:

Main duties:

Are you covered by an Award Enterprise Agreement Other (please specify)

If you ticked any of the above boxes please indicate the title:

My employer has a record of the hours I worked Yes No Don't know

If yes, was it: Clock card Time sheet Time book Other

Are the records correct? Yes No

If no, did you keep a record yourself? Yes No

YOUR PAY

If you were a full-time or part-time employee what was your weekly pay before tax? \$

If you were a casual employee what was your hourly rate of pay before tax? \$

Did you receive a payslip or pay advice? Yes No

If yes, please attach a copy.

SAMPLE WEEK

Please complete the following table as an example of the hours you would usually work per pay week.

DATE	DAY OF WEEK	TIMES		MEAL BREAKS		TOTAL HOURS WORKED <i>(not including meal breaks)</i>
		START	FINISH	START	FINISH	
WEEKLY TOTAL						

TERMINATION OF EMPLOYMENT (If applicable)

Who terminated your employment? You Employer

Was notice given? Yes No If yes, how much notice was given? weeks/days/hours

What reason was given for the termination of employment?

Are you taking any other action against your employer with regard to the termination of your employment? Yes No

If yes, please specify:

YOUR CLAIM

Please provide specific details of your claim. This section is **very important** and you are required to explain your claim in as **much detail as possible**. (Add additional sheets as necessary)

The information that you provide must be relevant to your claim. Please do not make any comments that you can not substantiate or are false. Failure to provide truthful information may lead to the possibility of legal proceedings against you.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Underpayment of wages | <input type="checkbox"/> Not paid for time worked | <input type="checkbox"/> Meal breaks | <input type="checkbox"/> Allowances |
| <input type="checkbox"/> Unauthorised deductions | <input type="checkbox"/> Pay on termination of employment | <input type="checkbox"/> Pay in lieu of notice | <input type="checkbox"/> Annual leave |
| <input type="checkbox"/> Public holidays | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Payslips | <input type="checkbox"/> Sick leave |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Long service leave | <input type="checkbox"/> Parental leave | <input type="checkbox"/> Other |

Do you have any evidence to support your claim? (Please attach)

Have you done anything to resolve your claim? Yes No
(E.g. discussed the matter with your employer or paymaster)

If yes, please specify:

Is your claim the subject of any other investigation or action? Yes No

If yes, please specify:

SIGN AND DATE YOUR FORM

I certify that the details I have provided are correct to the best of my knowledge.

Signature:

Date:

In the course of managing your claim, SafeWork SA will need to contact your employer to request specific information about your employment and/or discuss the issues you have raised. This will result in your employer being made aware that you have lodged a claim about them and your employer being provided with a copy of your claim form.

I give permission for SafeWork SA to contact my employer for the purpose detailed above.

I **do not** give permission for SafeWork SA to contact my employer for the purpose detailed above.

Note: If you choose this option, we will have to keep your complaint confidential. In some circumstances we may be unable to manage your complaint confidentially. If this is the case we will advise you.

Contact the Help Centre on **1300 365 255** if you would like to discuss your situation in more detail.

Send the form and attachments to:

SafeWork SA
GPO Box 465
ADELAIDE SA 5001