

# Complaint Form and Authority to Investigate Entitlements

under  
The Northern Territory of Australia Long Service Leave Act

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I, \_\_\_\_\_

(Full name – please print)

of \_\_\_\_\_

(Residential address)

\_\_\_\_\_  
(Postal address. If same as residential, write “as above”)

Daytime telephone: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_ Email: \_\_\_\_\_

request the Office of the Commissioner for Public Employment to investigate any entitlements I may have under the above Act, whilst I was employed by:

Name of Employer \_\_\_\_\_

of \_\_\_\_\_

(Street address of employer)

\_\_\_\_\_  
(Postal address of employer)

Name of manager: \_\_\_\_\_

Employer’s telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer’s mobile number: \_\_\_\_\_

Employer’s email: \_\_\_\_\_

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In respect of my employment with the above organization the following additional information is provided:

The last or current position I held with the above employer: (job title) \_\_\_\_\_ ,

\_\_\_\_\_

and I undertook the following duties: (brief description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started employment: \_\_\_\_\_

Date finished employment (if applicable): \_\_\_\_\_

Did you have a written contract of employment? Yes / No / Don't know

(If yes, please attach a copy)

Did your employer keep a record of the hours you worked? Yes / No / Don't know

Did you keep your own record of the hours you worked? Yes / No / Don't know

(If yes, please attach a copy)

Were you employed on a \_\_\_\_\_ Full time / Part time / or Casual basis

How many hours per week did you work (not including overtime): \_\_\_\_\_

What is / was your gross weekly wage: \$ \_\_\_\_\_

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Were you paid: Weekly / Fortnightly / Monthly

Did you have any period(s) of leave / absence which was unpaid: Yes / No

(If yes please provided details – i.e. approx dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any absence from work on workers compensation: Yes / No

(If yes please provided details – i.e. approx dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have you any Statements of Earnings / Pay Slips / Time Sheets Yes / No

**(If yes, please attach copies)**

Who terminated your employment? You / Your employer

Was notice given? Yes / No

What reason was given for the termination of your employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any payments of long service leave Yes / No



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(If Yes please attach a copy of your final pay slip if you have one and any other details regarding payments you have received for long service leave): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you covered by an Award: Yes / No / Don't know

Are you covered by an Enterprise Bargaining Agreement; Collective Agreement; Union Collective Agreement; Australian Workplace Agreement; or and Individual Transitional Employment Agreement (ITEA) Yes / No/ Don't know

*(If yes, please attach copy)*

Other Comments / Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

I further authorize the Office of the Commissioner for Public Employment to release any of the above information and any information they gather in the course of their investigation to a person or persons they consider relevant to this matter.

\_\_\_\_\_

(Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

Witnessed By (Full Name of Witness): \_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)