



DLP Official Use Only

Preliminary Investigation Number: _____

Complaint Number: _____

Preliminary Investigation Form

Date: _____

Employee Information: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms.

First name: _____ Last name: _____

Date of birth: _____ Phone number: _____

Email: _____

How would you prefer us to communicate with you? ☐ Phone ☐ Email

Employer Details:

Business/Employer name: _____

Name of contact person: _____ Email: _____

Phone number: _____

Nature of Complaint (Select all that apply)

- | | |
|---|---|
| ☐ Vacation | ☐ Public Holiday Pay |
| ☐ Wages | ☐ Overtime |
| ☐ Unfair Dismissal | ☐ Probation |
| ☐ Leave (Maternity, Vacation, Compassionate, Sick) | ☐ Notice |
| ☐ Unlawful Deductions | ☐ Gratuity |
| ☐ Severance | ☐ Temporary Suspension |
| ☐ Pension | ☐ Health and Safety |

IMPORTANT NOTICE: The Department of Labour & Pensions ("DLP") enforces the Labour Act (2021 Revision) and the National Pensions Act (2012 Revision) (the "Act") and engages with employers and employees to prevent breaches of this Act by providing the necessary information and training to both parties in accordance with this Act. The information collected from an employer or an employee is derived from the completion of this document, which will not be shared with any other external persons and/or organisations. However, the information provided may be shared with the employer of an employee who has authorised the sharing of such information or requests a further investigation to be completed by the DLP. The information collected from this enquiry will be stored in DLP's secure database and used in investigations authorised by the provider and will be archived at the conclusion of the matter as per the National Archive and Public Records Act (2021 Revision). Please visit www.gov.ky/dlp to read our Privacy Notice. To learn more about how we process your personal data or exercise your rights under the Freedom of Information Act (2021 Revision) and Data Protection Act (2021 Revision), visit www.gov.ky/dlp or contact foi.dlp@gov.ky.



CONSENT TO NOTIFY EMPLOYER

Disclaimer: The information requested on this form is for internal use, however, some information may be shared with the employer to assist with efforts to resolve the alleged claims. Completing and signing this form is your confirmation that you have agreed for the Department of Labour and Pensions to contact your employer to discuss the allegations reported for the purpose of resolution. However, if the parties (employer and employee) are unable to agree to resolve the claims made; the information received may be used in an investigation and shared with other law enforcement authorities.

I _____, hereby authorise the Department of Labour & Pensions to contact my employer to address my claims identified above. I have provided my ID # _____ (driver's license/passport) as proof that I made this request.

Signature

Date

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Officer's Notes:

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