Department of
Labour & Pensions
Cayman Islands Government

DLP/FORM 1B

Labour Investigations Unit
Formal Complaint Form

Date: _____ Case Number: _____

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

First name: _____ Last name: _____

Date of birth: _____

Mailing address: _____ KY- _____

Phone number: _____ Email: _____

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

I, _____, certify that all information that I am providing in this complaint is true and correct to the best of my knowledge, and I understand that my name will be used and I will be identified as the complainant in the course of any mediation or adjudication. I understand that any false or misleading information provided may result in the complaint being found to be vexatious and unreliable. I further understand that this complaint and all supporting documents that I provide will be made known to the other party, in accordance with the provisions of the Cayman Islands Labour Act (2021 Revision).

Complainant Signature: _____ Date:_____

Complainant ID number *(e.g. Passport or Driver's license for official verification of identity):* _____

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Important Notice: The Department of Labour & Pensions ("DLP") enforces the Labour Act (2021 Revision) and the National Pensions Act (2024 Revision) (the "Acts") and engages with employers and employees to prevent breaches of the Acts by providing the necessary information and training to both parties in accordance with the Acts. The information collected from employers or employees derive from the completion of this document, which will generally not be shared with third parties (including an employer) unless the data subject (who may be an employee) has requested an investigation by the DLP and/or been informed of how the information is proposed to be shared. However, the information provided, including your personal data and personal data relating to third parties that you have provided the DLP, may be shared with other law enforcement agencies within the Cayman Islands without consent of the data subject, to facilitate investigations connected with breaches of the Acts and other laws. The information collected by the DLP will be stored in DLP's secure database and used in authorised investigations. Files will be closed at the conclusion of the matter and records will be disposed of as per the National Archive and Public Records Act (2021 Revision). Please visit www.gov.ky/dlp to read our complete Privacy Notice. To learn more about how we process your personal data or to 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.

Complainant Initials _____

Complainant Name: _____ Case number:_____

A. Employer Details

Company/Employer name: _____

Mailing address: _____ KY-_____

Physical address: _____

Phone number: _____

Name of contact person: _____ Email: _____

B. Nature of Complaint *(Please tick the box or boxes that are applicable to you)*

☐ Unfair dismissal

☐ Severance pay

☐ Retirement/ Resignation allowance

C. Other Payments Owed

☐ Overtime pay

☐ Vacation pay

☐ Notice pay

☐ Public holiday pay

☐ Sick leave pay

☐ Unpaid wages

Other *(please specify)* _____

D. Conditions of Work

Date of employment: (dd/mm/yyyy) _____ Is your employment continuing? ☐ Yes ☐ No

If no, please state the date of termination: (dd/mm/yyyy) _____

Did you receive a termination letter? ☐ Yes ☐ No (If yes, please provide a copy)

What was your rate of pay? $_____ ☐ per hour ☐ per week ☐ per month

What currency were you paid in? ☐ CI$ ☐ US$

How often were you paid? ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Complainant Initials _____

Occupation / Job title: _____

Normal work days: _____ Normal working hours: _____

Average hours worked per week: _____

When last were you paid? _____ How much were you last paid? $_____ ☐ CI$ ☐ US

If your employment has ended, did you work (or were you paid for) a period of notice? ☐ Yes ☐ No

Have you registered a formal internal complaint with your employer? ☐ Yes ☐ No

Response received: _____

Have you received a compliant written warning for poor performance anytime in the 30 days preceding your termination? ☐ Yes ☐ No (If yes, please provide a copy)

Have you received a compliant written warning for misconduct anytime in the 12 months preceding your termination? ☐ Yes ☐ No (If yes, please provide a copy)

Were you enrolled in a Pension scheme while employed? ☐ Yes ☐ No

Were you enrolled in a Health Insurance plan while employed? ☐ Yes ☐ No

Do you have any other records, contracts, or evidence (e.g. pay statements) for submission that are relevant to your claim? ☐ Yes ☐ No (If yes, please attach a photocopy of those records to this complaint)

Complainant Initials _____

E. Employee Information:

Please use the space below to state, in your own words, the circumstances which led up to your dismissal. You may use additional paper if necessary. In order for the Department to process your complaint as quickly as possible, kindly attach all available information relating to your claim i.e. employment contracts/statement of working conditions, pay statements, time records, termination letter, etc.

I, _____hereby declare that the following account is given truthfully and to the best of my knowledge and recollection. If it is found that the information is not a truthful account of the incident, it will be recorded in the investigation file that the complaint is unreliable. The statement below may further be disqualified, and may not be admitted as evidence in the proceedings.

Complainant Signture:_____ Date:_____

Complaint _____

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Complainant Initials _____

continued

Complainant Initials _____

DLP OFFICIAL USE ONLY

Complaint Received: _____

Complaint Sent out: _____ Officer: _____