



**MINISTRY OF EMPLOYMENT AND SOCIAL AFFAIRS
EMPLOYMENT DEPARTMENT
INDUSTRIAL RELATIONS SECTION**

P.O.Box 1097, Independence House, Victoria, Republic of Seychelles
Telephone: (248) 676250 Telefax: (248) 610795
E-Mail Address: empsamd@seychelles.net

WORKER: GRIEVANCE APPLICATION FORM

(Fill in using block capitals. Please note you have 14 days from the date the matter you are complaining about took place to submit this form at Independence House).

1. Please tick the complaint or complaints you want the Competent Officer to decide upon.

- unfair dismissal suspension warning ill-treatment
- annual leave compensation days off public holidays
- unpaid salary discrimination notice unauthorized deductions
- others

If others explain:.....

2. Please give your details

Mr Mrs Ms Other

First Names: Surname:.....
 Date of birth: NIN:.....
 Postal address: Phone No:
 Daytime phone number: E-mail address:

Please give an address to which we should send documents if different from above:

.....

3. If a representative is acting for you please give details (all correspondence will be sent to your representative).

Name:(Organisation if applicable)
 Postal address:
 Phone number: Fax number:

4. Please give the dates of your employment

From: to

5. (i)Please give the name/organisation and address of the employer, other organisation or person against whom this complaint is being brought.

Name/Organisation:.....
 Postal address:Business location.....
 Phone number:

(ii)Please give the site/location where you work(ed)(if different from above).

.....

6. Please state what job you did/do for the employer. If this does not apply, please state what your connection was with the employer:
.....

7. Please tick the type of contract you work/ed under: Fixed-term Continuous Part-time
Casual

8. Please give the number of normal basic hours you work/ed each week.
Hours per day:

9. Please give your earning details.
Basic wage or salary SR.....Allowances, Bonuses or Benefits.....
.....

10. Give date when the matter you are complaining about took place:
.....

11. Please indicate what remedy you are seeking from the employer:

- 1) Reinstatement: to carry on working in your old job as before
- 2) Compensation and/or other benefits only
specify.....
- 3) Withdrawal of warning letter/s
- 4) Other/s
specify.....

12. Please give details of your complaint: (you may continue on a separate piece of paper)
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13. Please append with this application form copies of all documents relevant to your employment and grievance. (***For example, contract of employment, warning/ termination letters, certificate of employment, copy of I.D Card etc....***). A non-refundable fee of SR35 is payable upon submission of the form.

.....
Name of Applicant (*in block letters*)

.....
Signature of Applicant

.....
Date



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1. Please tick the complaint or complaints you want the Competent Officer to decide.
Notice Others specify
2. Please give your details
Employer's Name:
Business/Company Name:.....
Company Name :.....
Postal Address:.....
Phone Number:Daytime Phone Number:
E-mail address:
3. Please give the address to which we should send documents if different from above:
.....
4. If a representative is acting for you please give details (all correspondence will be sent to your representative)
Name/Organisation:.....
Postal address:Phone number:
Fax number:
5. Please give the full name of the employee
.....N.I.N:
Postal address:Phone number:.....
6. Please state what job the worker does/did for you.
.....
7. Please give the place/ site where the employee worked.
.....
8. Please give the date the employee was appointed.
.....
9. Please give the type of contract the employee was working under (e.g. continuous, fixed etc.).....
10. Please give the number of basic hours the employee work/ed.
Per day..... Per week.....

EMPLOYMENT GRIEVANCE APPLICATION FORM

(Please fill in using block capitals)

FOR OFFICIAL USE ONLY

15. **REGISTRATION**

FILE NAME..... v/s.....

Documents produced upon lodging grievance:

(i).....(ii).....(iii).....

(iv).....(v).....(vi).....

Computation of awards:.....
.....
.....
.....
.....

Remarks:.....
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.....
.....
.....

Registration date:.....

Name of Competent Officer:.....

Signature of Competent Officer :

16. **MEDIATION**

Date Mediated:

Parties Present:

Mediation Agreement:

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Mediating Competent Officer:

Signature of Mediating Officer.....

EMPLOYMENT GRIEVANCE APPLICATION FORM

(Please fill in using block capitals)

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14. **REGISTRATION**

FILE NAME..... v/s.....

Documents produced upon lodging grievance:

- (i).....(ii).....(iii).....
- (iv).....(v).....(vi).....

Computation of awards:.....
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Remarks:.....
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Name of Competent Officer:.....
Signature of Competent Officer :

15. **MEDIATION**

Date Mediated:
Parties Present:
Mediation Agreement:
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Mediating Competent Officer:
Signature of Mediating Officer.....

