



Pay Equity Commission
 180 Dundas St W Suite 300
 Toronto On M7A 2S6
 416 314-1896 or 1 800 387-8813
 TTY: 416 212-3991 or 1 855 253-8333
 Fax: 416 314-8741

Application for Review Services

Note: Please answer all questions and submit your application by mail, email, fax or in person.
 Please type or print clearly in ink. You may add additional pages if space is insufficient.

Submit this Application:

Pay Equity Commission
Pay Equity Office
180 Dundas St W Suite 300
Toronto On M7A 2S6
416-314-1896 or 1 800-387-8813
TTY: 416-212-3991 or 1 855 253 8333
Email: PayEquityComplaint@ontario.ca

All 5 Parts Must be completed

Part 1 – Who is Applying: (Provide Names, Addresses and Telephone #s of any Additional Applicants on a Separate List)

Are You: (Check All that Apply)

- An Individual Employee A Group of Employees* An Agent Acting for Employee(s)
- In a Union Not in a Union An Employer OR A Union

*If applying on behalf of a group of employees, provide the names, addresses and signatures of the group of employees. (Use additional pages)

Applicant Last Name	Applicant First Name	Middle Initial
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What is your Job Title:

Address

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Home Telephone No. (incl. area code)		Work Telephone No. (incl. area code)	Ext.
Cell No.	Fax No.	Email Address	

Name and Job Title of Person to Contact about this Application

Last Name	First Name	Middle Initial
Job Title		
Contact Home Telephone No. (incl. area code)	Work Telephone No. (incl. area code)	Ext.

Part 2 - Employer

Name of Employer

Type of Business/Organization

Name and Job Title of Person to Contact

Last Name	First Name	Middle Initial
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Job Title

Address

Unit No.	Street No.	Street Name	PO Box
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City/Town	Province	Postal Code
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Work Telephone No. (incl. area code)	Ext.	Fax No.	Email Address
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Part 3 – Union/Association/Labour Organization (If Applicable)

Name

Name and Job Title of Person to Contact

Last Name	First Name	Middle Initial
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Job Title

Address

Unit No.	Street No.	Street Name	PO Box
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City/Town	Province	Postal Code
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Work Telephone No. (incl. area code)	Ext.	Fax No.	Email Address
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Part 4 – Why Are You Applying

- | | | |
|--|---|---|
| <input type="checkbox"/> Pay equity was not done | <input type="checkbox"/> I don't know if Pay Equity was done | <input type="checkbox"/> Pay equity is not being maintained in the organization |
| <input type="checkbox"/> I disagree with the results of pay equity | <input type="checkbox"/> I have been fired, harassed, or I suffered a penalty because of pay equity | <input type="checkbox"/> Employer and Union cannot reach an agreement on pay equity |
| <input type="checkbox"/> Pay equity is not being carried out as stated in the plan | <input type="checkbox"/> There has been a violation of the Act, the Regulations or an Order of the Commission | |
| <input type="checkbox"/> Other (Please Specify): | | |

Provide a description about your complaint. (Use additional pages, if necessary. You may attach any documents that you have):

Part 5 – Anonymous

If you do not wish to be identified by your employer, you may choose to remain anonymous. To file an anonymous complaint, you must arrange for an individual to act as your agent. All communication will be done through the agent.

Name of agent who will act on your behalf

Mailing Address

Unit No.	Street No.	Street Name	PO Box
City/Town			Postal Code
Province		Postal Code	
Telephone No. (incl. area code)	Ext.	Fax No.	Email Address

The information is collected under the authority of the *Pay Equity Act*, 1987 for the purposes of this enforcement. For information concerning the collection and use of this information, please contact Legal Counsel, Pay Equity Office, at the following address:
Pay Equity Commission: Pay Equity Office, 180 Dundas St W Suite 300, Toronto On M7A 2S6, 416 314-1896 or 1 800 387-8813, TTY: 416 212-3991 or 1 855 253-8333, Fax: 416 314-8741.

Please Print

Last Name	First Name
Signature	Date (yyyy/mm/dd)

For Office Use Only

Date Received (yyyy/mm/dd)	<input type="checkbox"/> Form	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax
Received By	File Number				