



## Employer Complaint Form

Full Name: \_\_\_\_\_ Date Of Birth (dd/mm/yyyy) \_\_\_\_\_

Do you wish your name to be used when dealing with this issue? (yes) or (no) \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Period of Employment: (Start Date) (dd/mm/yyyy) \_\_\_\_\_ (End Date) (dd/mm/yyyy) \_\_\_\_\_

Company or Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's name: \_\_\_\_\_

Name of Company Administrator of the Pension Plan: \_\_\_\_\_

How paid (weekly, bi-monthly, monthly)? \_\_\_\_\_

Did employee receive any evidence of enrolment into the plan? \_\_\_\_\_

How was pension contributions deducted (weekly, bi-monthly, monthly)? \_\_\_\_\_

Who was responsible for the deduction of the monies? \_\_\_\_\_

When was it discovered that the monies were not being paid into the plan? \_\_\_\_\_

Who was notified when it was discovered that monies were not paid into the plan? \_\_\_\_\_

What is the total amount of monies that have been deducted from your wage and not contributed to the plan? \_\_\_\_\_

Do you have copies of pay stubs? \_\_\_\_\_ If yes, please provide copies.

Further Details of Complaint: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

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### Official use only

Date Received: (dd/mm/yyyy): \_\_\_\_\_