

**PART A: EMPLOYER DETAILS**

(please complete in BLOCK CAPITALS)

<b>Employer Name</b>	
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<b>Business/ Premises Name</b>	
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<b>Nature of Business</b>	
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<b>Business Premises/Address</b>	

<b>Telephone No.</b>	
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**PART B: EMPLOYEE DETAILS**

<b>First Name</b>		<b>Surname</b>	
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<b>Address</b>	

<b>Nationality</b>	
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Note: The Nationality field above is optional. This information is required for statistical purposes only.

<b>Telephone No.</b>	
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<b>Are you under 18yrs</b>	<b>Yes</b>		<b>No</b>	
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<b>Email Address</b>	
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<b>Are you under 20yrs</b>	<b>Yes</b>		<b>No</b>	
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<b>PPSN (RSI) No.</b>	
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<b>Occupation/ Position held</b>	
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<b>Outline the background and give a brief description of the nature of your complaint</b>

<b>Do you have <u>previous experience</u> in the same occupation?</b>	<b>Yes</b>		<b>No</b>	
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If YES, please provide details:	
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GROSS rate of PAY (per week) i.e. pay before deductions	€	NET Rate of PAY (per week) pay i.e. pay after deductions	€
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Did you receive a payslip with each pay period?	Yes	No
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Method of payment	Cheque	Cash	Electronic Fund Transfer (Directly into a bank account)
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HOURS worked per week (excluding breaks and lunches)		HOURS worked per week (including breaks and lunches)	
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Date you started this employment		Date you finished this employment (If applicable)	
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Did the employer provide BOARD and/or LODGING?	Yes	No
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If YES, please provide details:	
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Did the employer provide any other Benefits and/or income?	Yes	No
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If YES, please provide details:	
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Did you receive your full ANNUAL LEAVE entitlements? Please see enclosed booklet <i>Guide to Employment Rights</i>	Yes	No
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If NO, please provide details:	
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Did you receive your full PUBLIC HOLIDAY entitlements? Please see enclosed booklet <i>Guide to Employment Rights</i>	Yes	No
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If NO, please provide details:	
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Have you taken this complaint to either of the following:-			
A Rights Commissioner	Yes	No	
The Employment Appeals Tribunal	Yes	No	

Note: If you have already taken your complaint to either of the above, NERA cannot undertake an inspection in relation to that complaint.

Signature	Date
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Please return the completed form to:

CARLOW OFFICE: Inspection Services, National Employment Rights Authority/Department of Enterprise, Trade and Innovation, O'Brien Road, Carlow.  
or  
DUBLIN OFFICE: Inspection Services, National Employment Rights Authority/ Department of Enterprise, Trade and Innovation, Davitt House, 65a Adelaide Road, Dublin 2.