REPUBLIQUE DE VANUATU REPUBLIC OF VANUATU **DEPARTEMENT DU TRAVAIL ET DE L'EMPLOI DEPARTMENT OF LABOUR & EMPLOYMENT SERVICES** Sac Postal Privee 9022 Private Mail Bag 9022 **PORT VILA** Telephone #33130/33135/Voip- 3790 n Phone #33130/33135/Voip- 3790 Telephone Bureau Santo #33740/Voip-6282 Santo Ofiice #33740/Voip-6282 Site web-dol.gov.vu Website-dol.gov.vu Page Facebook -Department of Labour Vanuatu Facebookpage -Department of Labour Vanuatu **Employment Grievance Registration Form [Department of Labour &**

Employment Grievance Registration Form [Department of Labour & Employment Services] Employment Relations Unit (Dispute Resolution & Conciliation Service)

Trade Disputes Act Cap 162 - PART 2 Sections (3) (4) & (5)

I.S.CLASSIFICATION

Client N0:

& Registration:				CODE:			
<u>Em</u>	<u>ployee Deta</u>	ils:					
1	Family Name			9	Sex (Male / Female)		
2	Middle Name			10	Age		
3	First Name		•	11	Home island / Citizen		
4	Date of Birth	Day:	M	lonth	•	Year:	
					T		
5	Address /		·	12	Non – Citizen / Nationality		
	Location				True de History (N/NI)		
6	Home Phone			13	Trade Union (Y/N)		
7	Mobile		•	14	Occupation / Employment type		
8	Email		•	15	Language (English /		
					French / Bislama) Others		
40	Year (Yia) Star	t work					
16							
17	Year (Yia) Fini	sh work					

Date of Receipt

TOTAL

18	Marital Status	Single	Married	De-facto	Separated	Divorced
19	Educational level	Primary	Secondary	Tertiary	Vocational	No formal education

21	Religion (Tick / write)	Christian		Others	
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14. Employer Details:

A	Family Name
В	Middle Name
C	First Name
D	Address/ Location
E	Email address
F	Mobile/Tel:
G	Name of Company
H	Nature of Employment

22. Days & Hours of Work, Wages, Salaries (Tick & Write)

				Amount			Amount
A	Trial	В	Hourly		C	Monthly	
D	Full-time/	E	Weekly		F	Fixed	
	Permanent						
G	Part-time	Н	Fortnight		I	Commissions	
	(Half days)						
J	Casual	K	Daily		L	Piece work	
	(2-3 days)						

23	Work Days	From	To	From	To	Total Hours
	OR Nights					
	(Shifts)					
Α	Monday					
В	Tuesday					
С	Wednesday					
D	Thursday					
E	Friday					
F	Saturday					
G	Sunday					
Н	Offs					
	Total					
	hours					

25. I	Please make a True ar	nd Clear	Statement (Pli	is mekem wan tru mo klia complain
			•	•
	-			
	24 Provide conies o	f one ve	ur ID's bolow (I	Provaedem Kopi blong wan ID):
	24. Provide Copies o	i one yo	ui ib s below (i	Provaedeni Kopi biolig wan ibj.
_	D: (1 (10)			
A	Birth certificate VNPF Card			
B C	Driving license			
D	Passport Passport			
E	1 Passport size photo			
F	National Identity Card			
G	Last 3 pay slips			
Н	Written Contract			
Г				
I,			trust that the info	ormation given is true and correct. I know that
				lead to Cancellation or Prosecution. (Mi
				e se sipos mi kiaman mo kim misliding
infon	nason hemi wan Offens I sav	e lid iko lo	ng kanseleson mo j	prosekuson).
Signa	ture of complainant:			
	<u>.</u>			
_				
Date:				

	Confirmation o		Office use only Industrial Relations Unit	for the Department of Labour
	Name:	<u> </u>	Signature:	202 010 2 0 012 012 012 012 012 012 012
	vaille.		Dignature.	
Date:				
		28. Record o	of Notice of Meeting	s
NO.	Date	Notices of meetings	Outcomes	Review for next step
1 2				
3				
		29.	Dispute Type	
A	Individual			
	Collective			
	Dispute of Inte			
	Dispute of Rigi			
		30. Officers I	Remarks / Comment	 S :