

SALARY COMPLAINT – INFORMATION ON THE SITE(S) WHERE YOU WORKED

SECTION RESERVED FOR CCQ PERSONNEL				PAGE	
Complaint no.	Employer no.	Intervener no.	Région		Of

IDENTIFICATION	
Last name	First name

INFORMATION ON THE SITE(S) WHERE YOU WORKED									
Please give the information related to each site where you worked during the period covered by your salary complaint.									
SITE 3	Address of site OR name of project						Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of general contractor on the site					Date entered site [?]		Date left site [?]		
Who were the site managers?	Name of site superintendent			Name of your employer's foreman			Other, specify		
Describe your work and the tasks performed on the site									
What was your usual work schedule?	Start time		End time		Number of hours per day			Number of days per week	
	Duration of meal break		Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?					Who directly gave you orders on the site?				
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what was his or her name?				How many workers were in your team?		
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.									
SITE 4	Address of site OR name of project						Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of general contractor on the site					Date entered site [?]		Date left site [?]		
Who were the site managers?	Name of site superintendent			Name of your employer's foreman			Other, specify		
Describe your work and the tasks performed on the site									
What was your usual work schedule?	Start time		End time		Number of hours per day			Number of days per week	
	Duration of meal break		Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?					Who directly gave you orders on the site?				
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what was his or her name?				How many workers were in your team?		
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.									

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SITE 5	Address of site OR name of project			Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of general contractor on the site			Date entered site ?	Date left site ?	
Who were the site managers?	Name of site superintendent	Name of your employer's foreman		Other, specify	
Describe your work and the tasks performed on the site					
What was your usual work schedule?	Start time	End time	Number of hours per day		Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?			Who directly gave you orders on the site?		
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was his or her name?		How many workers were in your team?	
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.					
SITE 6	Address of site OR name of project			Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of general contractor on the site			Date entered site ?	Date left site ?	
Who were the site managers?	Name of site superintendent	Name of your employer's foreman		Other, specify	
Describe your work and the tasks performed on the site					
What was your usual work schedule?	Start time	End time	Number of hours per day		Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?			Who directly gave you orders on the site?		
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was his or her name?		How many workers were in your team?	
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.					

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SITE 7	Address of site OR name of project	Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of general contractor on the site	Date entered site [?]	Date left site [?]
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Who were the site managers?	Name of site superintendent	Name of your employer's foreman	Other, specify
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Describe your work and the tasks performed on the site

What was your usual work schedule?	Start time	End time	Number of hours per day	Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No

Who established your work schedule?	Who directly gave you orders on the site?
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Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was his or her name?	How many workers were in your team?
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Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.

SITE 8	Address of site OR name of project	Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of general contractor on the site	Date entered site [?]	Date left site [?]
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Who were the site managers?	Name of site superintendent	Name of your employer's foreman	Other, specify
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Describe your work and the tasks performed on the site

What was your usual work schedule?	Start time	End time	Number of hours per day	Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No

Who established your work schedule?	Who directly gave you orders on the site?
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Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was his or her name?	How many workers were in your team?
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Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.

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SITE 9	Address of site OR name of project			Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of general contractor on the site			Date entered site [?]	Date left site [?]	
Who were the site managers?	Name of site superintendent	Name of your employer's foreman		Other, specify	
Describe your work and the tasks performed on the site					
What was your usual work schedule?	Start time	End time	Number of hours per day		Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?			Who directly gave you orders on the site?		
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was his or her name?		How many workers were in your team?	
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.					

SITE 10	Address of site OR name of project			Was there a sign in/out log? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of general contractor on the site			Date entered site [?]	Date left site [?]	
Who were the site managers?	Name of site superintendent	Name of your employer's foreman		Other, specify	
Describe your work and the tasks performed on the site					
What was your usual work schedule?	Start time	End time	Number of hours per day		Number of days per week
	Duration of meal break	Did you have a morning break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an afternoon break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an hours bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who established your work schedule?			Who directly gave you orders on the site?		
Did you have a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was his or her name?		How many workers were in your team?	
Give the names of the workers hired by the employer concerned who worked at the same time as you on the site.					