



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

Request for Information Employee Reprisal Questionnaire

File No.

The *Pay Equity Act* protects employees from reprisal by their employer, bargaining agent or representative for exercising their Pay Equity rights. Reprisals are actions such as threats, intimidation, disciplinary action and even firing.

Subsection 9(2) of the *Pay Equity Act* states:

Intimidation prohibited

9(2) No employer, employee or bargaining agent and no one acting on behalf of an employer, employee or bargaining agent shall intimidate, coerce or penalize, or discriminate against, a person,

- (a) because the person may participate, or is participating, in a proceeding under this Act;
- (b) because the person has made, or may make, a disclosure required in a proceeding under this Act;
- (c) because the person is exercising, or may exercise, any right under this Act; or
- (d) because the person has acted or may act in compliance with this Act, the regulations or an order made under this Act or has sought or may seek the enforcement of this Act, the regulations or an order made under this Act.

Note: Please answer all of the following questions if you believe you have been subjected to reprisal and submit by mail or in person. Please type or print clearly in ink. You may add additional pages if space is insufficient.

Submit this Questionnaire:

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1. Applicant Name

Last Name

First Name

2. What was the action taken that you believe was reprisal?

3. Please provide the details of the incident(s) in chronological order, including dates and the names of the persons involved.

4. Did this happen to any other employees?

Yes

No

I do not know

5. What makes you think this action was related to Pay Equity?

6. What reason(s) did the employer give you for this action?

7. What makes you think this action was not related to more typical workplace issues, e.g. work performance?

8. Have you been disciplined in the past? When and for what reason?

9. What was the timing of the action taken in relation to your Pay Equity activities?

10. Please provide the names and contact information of anyone who may have witnessed the incident(s).

11. Please list any losses you incurred as a result of the treatment you experienced.

12. If you are a union member, did you advise your union of what happened?

Yes

No

13. What action was taken by the union after you complained?

14. Please include any further information or documents that may be relevant to this complaint, e.g. performance evaluations, letters, emails from your employer/union.

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:

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Last Name of person completing this form

First Name of person completing this form
