CFMEU
SOUTH AUSTRALIA

CFMEU SA
Level 1, 32 South Terrace
Adelaide SA 5000
Ph: (08) 8231 5532
Email: saqueries@cfmeu.org

Date: _____

Member Number: _____

Member Name: _____

Address: _____

COMPLAINT RE: WAGE CLAIM / DISMISSAL / DISCIPLINARY / OTHER

Dear Member,

Please find attached a Complaint Form as per your request. Please complete and sign all relevant sections then return to the office, with copies of your payslips and any other relevant information, for us to investigate this matter for you.

In this pack you will find a standard letter to your employer requesting information regarding your employment. We ask that you complete and sign this letter and forward this back to us with your completed complaint form and we will contact your employer. Please fill out all information as accurately and clearly as possible.

Once we have received all the above-mentioned information, we will advise you of the staff member responsible for your complaint. Please contact this staff member in the first instance regarding any progress of your complaint.

Should you have any queries regarding your claim, please do not hesitate to contact this office on (08) 8231 5532 during office hours (8:00am to 4:30pm).

Yours faithfully,

CFMEU SA BRANCH

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COMPLAINT FORM

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MEMBER DETAILS

Name:_____ Union No: _____

Email:_____

Postal Address:_____ Postcode: _____

Home Ph:_____ Mobile Ph:_____ DOB:_____

PLSL #: _____ Super fund: CBUS / Other: _____ Member #: _____

Redundancy fund: BIRST/Incolink #: _____ Other: _____ Member #: _____

IF APPLICABLE:

Your Trading Name: _____

Your ABN:_____ Your BSA Licence No:_____

WHO ARE YOU MAKING THE CLAIM AGAINST?

Employer/Contractor Name:_____

Employer Address:_____ P/code:_____

ABN: _____

Contact Name:_____ Phone No.:_____ Fax: _____

Which site did the entitlement arise? (If more than 1 site, please attach a separate page and include dates)

Site Name and Location: _____

Builder:_____ Builders Phone No: _____

AUTHORISATION

I hereby authorise the CFMEU to investigate this complaint by collecting all information and documents it needs from my employer/ organisations in relation to my employment complaint (including for wages. entitlements, superannuation and redundancy). This authorisation allows the CFMEU to request documents and information on my behalf from any of the following: the employer, contractor, superannuation, redundancy provider listed above and/or Return to Work SA.

If I have a successful wage claim, I also authorise the CFMEU to deduct any monies I owe to it from what the CFMEU recovers on my behalf for my wage claim. If I do not claim the recovered monies from my successful wage claim within six (6) months of finalisation of that claim I hereby authorise the CFMEU to credit my union membership with those recovered monies. I understand that I can withdraw recovered monies from the CFMEU at any time, provided that those funds are periodically drawn against my Union dues at that time. All other monies recovered will be paid to me via cheque / EFT.

Signed: _____ Date: _____

All monies recovered will be paid by EFT direct to the member or in the case of monies recovered under a redundancy or superannuation scheme, these will be paid direct to those schemes.

CFMEU POLICY

The policy of the CFMEU is to deal with the complaints/claims of financial members as a matter of priority.

NON MEMBERS: There will be no servicing of complaints for non- members except where a group complaint/claim is conducted and in such cases a service fee will be deducted from monies recovered.

UNFINANCIAL MEMBERS: Claims for members who are not financial will not be acted on unless the member becomes financial.

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COMPLAINT DETAILS

Start Date:_____ End Date: _____
(When commenced with employer) *(When finished with employer – if still employed, write 'current')*

CONTRACT OF EMPLOYMENT (*please tick*) ☐ Award ☐ Registered Agreement ☐ Sub-Contractor ☐ Other

Do you have a copy?

☐ Yes *(If yes, please provide a copy)* ☐ No

NAME OF AWARD/AGREEMENT _____

IF SUB-CONTRACTOR Agreed Rate: _____ Amount Owing: _____

Did you Invoice *(please tick)* ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ At completion of job ☐ Other _____

Was your agreement (*please tick*) ☐ Written Contract ☐ Verbally Agreed to ☐ Invoiced Periodically

NATURE OF COMPLAINT

Is this complaint for Dismissal? ☐ Yes *(If yes, please read conditions below)* ☐ No *(if no, please continue to next question)*

Dismissal date: _____ Last day to file: _____

Unfair Dismissal Requirements

Must be lodged in Fair Work Commission (earlier in Union office) within 21 days of termination date.
Conditions:

- Must have been employed by employer for at least 6 months.
- Must not be a casual worker.
- Must not have been terminated for a genuine shortage in work.

Unlawful Dismissal

Must be lodged in Fair Work Commission (earlier in Union office) within 21 days of termination date. If the Unfair Dismissal does not apply – was your dismissal for one or more of the following reasons (please tick):

- ☐ Workers Compensation
- ☐ Absence from work due to illness or injury Trade union membership or activities
- ☐ Making a complaint about wages/entitlements, not being paid correctly, compliance with WHS/or any other laws
- ☐ Discrimination, e.g. race, sex, gender, age, pregnancy

Is this claim for a Disciplinary Procedure? ☐ Yes *(If yes, please provide more info)* ☐ No *(if no, please continue to next question)*

Do you have to attend a meeting or provide a response soon? ☐ Yes *(If yes, please provide more info)* ☐ No

Provide details disciplinary process and any timeframes: _____

What were you employed/contracted to do? _____

Nature of Complaint: _____

TO PREVENT DELAY WITH YOUR COMPLAINT PLEASE CHECK BELOW TO MAKE SURE YOU HAVE PROVIDED ALL REQUIRED INFORMATION:

STOP

- ☐ You are a financial member of the union
- ☐ You have completed all your personal details
- ☐ You have provided the full contact details of your employer
- ☐ The dates you have provided are correct and comprehensive
- ☐ You have provided your CBUS, Incolink and/or BIRST numbers if your claim is for CBUS, Incolink or BIRST
- ☐ You have attached copies of as many payslips as possible if your complaint is for wages or allowances
- ☐ You have included any other relevant information that may be vital to your wage claim, e.g. Hours of work, pay rates, dates not paid, written contract, invoices, emails, written documents relevant to your claim, etc.
- ☐ You have signed and dated the complaint form and the authorisation attached.

COMPANY:	
ADDRESS	
STATE	POSTCODE
PHONE	
EMAIL	

EMPLOYEE:	
ADDRESS	
STATE	POSTCODE
PHONE	
EMAIL	

ATTENTION: _____

Date: _____/_____/_____

Dear Sir/Madam

I refer to my employment with your company from _____/_____/_____ to _____/_____/_____.

I request a copy of the following records in relation to my employment with your company:

***Tick Boxes for relevant documents**:*

☐ All wage records showing weekly amounts paid to me for the full period of employment.

☐ All time and place records showing start and finish times, and hours worked by me during the full period of employment.

☐ Details of all payments made on my behalf to my superannuation account held with: _____.

☐ A breakdown of my leave calculations and amounts paid for annual leave/personal leave/RDOs.

☐ Details of amounts paid on my behalf to the Incolink/BIRST redundancy scheme.

☐ A copy of my Tax Payment Summary for the financial years ending 30 June: _____.

You are required to provide me with these documents under Ch3- Pt3-6 – Div. 3 – Regulation 3.42 of the Fair Work Regulations 2009. Attached is a copy of the relevant legislation for your information.

Tick Box:

☐ I will be attending your office on the _____/_____/_____at _____am/pm to view and obtain a copy of the records, *or*

☐ Please send copies of these documents to my authorised representative, the CFMEU, within fourteen (14) days of receiving this request to saqueries@cfmeu.org or Level 1, 32 South Terrace, Adelaide SA 5000.

Yours faithfully

_____

Signature

Fair Work Regulations 2009 (Cth)

3.42 Records—inspection and copying of a record

(1) For subsection 535(3) of the Act, an employer must make a copy of an employee record available for inspection and copying on request by the employee or former employee to whom the record relates.

Note: Sub regulation (1) is a civil remedy provision to which Part 4-1 of the Act applies. Division 4 of Part 4-1 of the Act deals with infringement notices relating to alleged contraventions of civil remedy provisions.

(2) The employer must make the copy available in a legible form to the employee or former employee for inspection and copying.

Note: Sub regulation (2) is a civil remedy provision to which Part 4-1 of the Act applies. Division 4 of Part 4-1 of the Act deals with infringement notices relating to alleged contraventions of civil remedy provisions.

(3) If the employee record is kept at the premises at which the employee works or the former employee worked, the employer must:

(a) make the copy available at the premises within 3 business days after receiving the request; or
(b) post a copy of the employee record to the employee or former employee within 14 days after receiving the request.

Note: Sub regulation (3) is a civil remedy provision to which Part 4-1 of the Act applies. Division 4 of Part 4-1 of the Act deals with infringement notices relating to alleged contraventions of civil remedy provisions.

(4) If the employee record is not kept at the premises at which the employee works or the former employee worked, the employer must, as soon as practicable after receiving the request.

(a) make the copy available at the premises; or
(b) post a copy of the employee record to the employee or former employee.

Note 1: Sub regulation (4) is a civil remedy provision to which Part 4-1 of the Act applies. Division 4 of Part 4-1 of the Act deals with infringement notices relating to alleged contraventions of civil remedy provisions.

Note 2: Under the Act, an inspector is also permitted to inspect and copy an employee record for the purposes of the Act. The inspector may also require the production of the employee record.

3.43 Records—information concerning a record

(1) An employer who has been asked by an employee or former employee to make a copy of an employee record available for inspection must tell the employee or former employee, on request, where employee records relating to the employee or former employee are kept.

Note: Sub regulation (1) is a civil remedy provision to which Part 4-1 of the Act applies. Division 4 of Part 4-1 of the Act deals with infringement notices relating to alleged contraventions of civil remedy provisions.

(2) The employee or former employee may interview the employer, or a representative of the employer, at any time during ordinary working hours, about an employee record that the employer has made or will make.

Note: Part 5-2 of Chapter 5 of the Act sets out the circumstances in which an inspector can inspect employee records and require the production of employee records.