ONTARIO LABOUR RELATIONS BOARD

**Application for Review – Reprisal (Recruiter)**

 *Employment Standards Act, 2000*

**Form A-103B**

## Fields marked with an asterisk (\*) are mandatory.

* Review Information Bulletin No. 24 – “Applications for Review under the *Employment Standards Act, 2000*”, the Filing Guide and the Board’s Rules of Procedure on acceptable methods of delivery **before** completing this form to avoid any delay in processing.
* All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board’s website (http://www.olrb.gov.on.ca).
* This form may be filed electronically by attaching it to a Form A-108 (Electronic Submissions Form).
* If there is insufficient space on the form, attach additional pages clearly identifying the relevant section of the form.

**Part A Contact Information**

## Instructions

* Provide contact information for the parties identified below. If you wish to add additional parties, use the “Add” button or attach a separate page if completing the form by hand.
* If a party is an organization, provide the name and contact information of an individual who will be able to respond on behalf of that organization. When adding multiple individuals at the same organization, use a separate page and add an additional contact section, repeat the organization name and provide that individual’s contact information (e.g. name, email address, phone number).

**1 (a). Party Applying for Review**

You must notify the Ontario Labour Relations Board **immediately** of any change in your address, phone number, fax number or email address. **If you fail to notify the Board of any changes, correspondence sent to your last known address or email address may be deemed to be reasonable notice to you and the application may proceed in your absence**.

## Applicant

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**Collapse List**

**1 (b). Representative/Contact Person for the Party Filing the Application for Review**

## [ ] Lawyer [ ] Paralegal

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**Collapse List**

**2 (a). Other Workplace Party/Parties**

Provide contact information for the recruiter.

Type \* Organization Individual

 Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**Colapse List**

**2 (b). Representative/Contact Person for the Other Workplace Party/Parties, if known**

Provide contact information for the recruiter’s representative, if known.

Type \* Organization Individual

 Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**Note: The Director of Employment Standards is a party to every application for review. You do not need to provide the Director’s contact information, although you must deliver the application to the Director. Refer to Documents to be Delivered section at the end of this form.**

**Part B Identification of Order To Be Reviewed**

1. **Employment Practices Branch File Number (or ES Number):**
2. **I am seeking review of:**

**Order/Notice Number(s):**

List all orders you are seeking to review.

**OR**

**A refusal to issue an Order**

1. **I am attaching the following documents with this application:**

(check all that apply)

A copy of the Employment Standards Officer’s Reasons for Decision A copy of the Order(s)

A copy of the Employment Standards Officer’s letter advising the employee of the Order

A copy of the Employment Standards Officer’s letter advising of the refusal to issue an Order A copy of the Notice(s) of Contravention

**If there are relevant documents listed above that you are not attaching, provide an explanation as to why the documents are not attached:**

**Part C Timeliness**

1. **Date of Service of Order/Notice/Letter** (as applicable)**:**
2. **This application for review:**

**is is not**

being filed within 30 calendar days after the day on which the Order, Notice, Letter advising of the Order, or Letter advising of the refusal to issue an Order, as the case may be, was served or was deemed to have been served.

**If your application is being filed after the 30 calendar day time limit, state all of your reasons why an extension of time should be granted by the Board:**

If you require more space, attach a separate document.

**Part D Remedy Requested and Material Facts**

**Note:** The Board **does not** review the conduct of and/or investigation by the Employment Standards Officer in coming to its decision. The Board starts its hearing with a “clean slate” in order to make its determination.

1. **What remedies are you asking the Ontario Labour Relations Board to order?**

If you require more space, attach a separate document.

1. **In support of this request, what material facts are you relying on?**

Include a detailed statement of the facts and events upon which you rely to support your position. If you require more space, attach a separate document.

1. **Attached documents:**

Provide a list of the documents you are filing together with this form.

Name your documents/attachments so that they are easily identifiable, with a table of contents and numbered pages.

**Documents**

**IMPORTANT NOTES**

The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website [http://www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/) or by calling 416-326-7500 or toll-free at 1-877-339-3335.

# FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n’offre pas de services d’interprétation dans les langues autres que le français et l’anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

# CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

# ACCESSIBILITY AND ACCOMMODATION

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board’s Accessibility Policy can be found on its website.

# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information is collected on this form under the authority of the Board’s governing legislation to assist in the processing of cases before it. Information received in written or oral submissions may be used and disclosed for the proper administration of the Board’s legislation and processes. Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. The *Freedom of Information and Protection of Privacy Act* may also address the collection, use and disclosure of personal information. If you have any

questions, contact the Solicitors’ Office at the numbers listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

# E-FILING AND E-MAIL

The Rules of Procedure and Filing Guide set out the permitted methods of filing. Forms and submissions may be filed with the Board by a variety of methods including the Board’s e-filing system, but not by e-mail. Note that the e- filing system is not encrypted and e-filing is optional. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

# HEARINGS AND DECISIONS

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and [www.canlii.org.](http://www.canlii.org/) Some summaries and decisions may be found on the Board’s website.

**Documents to be Delivered**

Before filing your Application for Review with the Board, you must deliver it, including all documents you are filing with the form, to each party named in Part B of this application **and** to the Director of Employment Standards.

Delivery may be made to the Director of Employment Standards by one of the following methods:

**REGULAR MAIL OR HAND DELIVERY:**

Director of Employment Standards Employment Practices Branch Ministry of Labour

400 University Avenue, 9th Floor Toronto, ON M7A 1T7

**EMAIL:** appforreview.directorofES@ontario.ca

**OR FAX:** 1-855-251-5025

**Note to each party listed in Part B of this application:** The documents listed above should have been delivered to you by the Applicant.

**Once the above-listed documents have been delivered to the other parties, you have five days to complete the following Certificate of Delivery and file the completed form and attachments with the Board.**

I have reviewed this form to confirm it is complete \*

Date (yyyy/mm/dd) \*

**Certificate of Delivery**

I, ,

Name \*

,

Title

certify that the documents identified above were delivered to each of the parties as set out below:

**Note: You must complete delivery information for each party separately.**

**Delivered To**

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Address or fax number to which the documents were delivered \*

**Method of delivery \***

Hand Delivered

Courier

Fax

Regular Mail

Other

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Address or fax number to which the documents were delivered \*

**Method of delivery \***

Hand Delivered

Courier

Fax

Regular Mail

Other

**File with the Board**

* File the completed form and any attachments using a method permitted by the Board’s Rules of Procedure.
* Save and Print a copy of your completed form and all attachments as the Board will not return them to you.
* To e-file, attach this form and any attachments to Board Form A-108 (Electronic Submissions Form). You will receive a confirmation email once that form has been successfully submitted.
* If you choose not to e-file, print this form and then file with the Board together with any attachments.

Submitted By:

|  |  |
| --- | --- |
| First Name \* | Last Name \* |