



THE LABOUR COURT

COMPLAINT UNDER SECTION 20(1) OF THE INDUSTRIAL RELATIONS ACT, 1969.

1. NAME AND ADDRESS OF WORKER: PHONE NO:	
2. NAME AND ADDRESS OF UNION OR REPRESENTATIVE: (If any) PHONE NO:	
3. NAME AND ADDRESS OF EMPLOYER: PHONE NO:	
4. LENGTH OF SERVICE WITH ABOVE EMPLOYER:	
5. BRIEF SUMMARY OF COMPLAINT.	
6. REDRESS SOUGHT:	

I agree to be bound by the recommendation of the Labour Court.

Signed: _____ Date: _____

(Complaints will not be processed by the Court unless an undertaking is given to agree to be bound by the recommendation of the Labour Court.)

Please send this form to the Labour Court at the address overleaf.

Please send this form to:

**Programming Section,
The Labour Court,
Tom Johnson House,
Haddington Road,
Dublin 4.**

**Telephone: (01) 6136608, 6136611, 6136610
Lo-Call (if calling from outside (01) area): 1890 220228**