



LED/BAPK

DEPARTMENT OF LABOUR
MINISTRY OF HOME AFFAIRS
NEGARA BRUNEI DARUSSALAM

WORK DISPUTE COMPLAINT FORM

(1) COMPLAINANT DETAILS					
NAME					
IC NO. (COLOUR) / PASSPORT NO.	(IC)	MALE		FEMALE	
	(PPT)				
NATIONALITY			DATE OF BIRTH		
JOB POSITION			TEL. / MOBILE NO.		

(2) COMPLAINT DETAILS			
Salary arrears claim		Salary cut	
No rest day given		Return ticket claim	
Overtime payment claim		Termination without notice / Immediate termination	
Others:			

(3) PLEASE GIVE THE DETAILS ON THE ISSUE(S) CLAIMED.

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(4) DETAILS OF EMPLOYER			
NAME OF EMPLOYER			
NAME OF COMPANY		TYPE OF BUSINESS ACTIVITY	
IC NO. / PASSPORT NO.			
NATIONALITY			
BUSINESS ADDRESS / RESIDENCE ADDRESS			
TELEPHONE NO.			

(5) COMPLAINANT'S DECLARATION

I declare that all the information given is true as far as is known and believed and no facts are omitted intentionally.

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Complainant's Signature

Name & Date of Claim:

LIST OF DOCUMENTS REQUIRED	
NO.	DOCUMENT
01	POLICE REPORT (COMPULSORY)
02	COPY OF IDENTITY CARD / PASSPORT (COMPULSORY)
03	WORKER'S EMPLOYMENT CONTRACT (COMPULSORY)
04	COPY OF SALARY PAYMENT SLIP
05	COPY OF JOB CARD / TIME CARD
06	OTHER RELEVANT DOCUMENTS

Completed form to be submitted to 'Peti Permohonan' at Labour Enforcement Division, Department of Labour or to be emailed to info.buruh@buruh.gov.bn. Any complaint / query shall contact this number at 2381848 or 7298989.