**FORMAT FOR FILING COMPLAINTS BY UNION/ INDIVIDUAL FOR NON -PAYMENT OF WAGES UNDER PAYMENT OF WAGES ACT 1936**

1. Name of Complainant
2. Address of Complainant
3. Email id of complainant to be used for correspondence and Video Conferencing
4. Contact Number of Complainant
5. Number of Workers affected and their details in following format -:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No | Name of worker | Father name/ Husband name | Aadhar number / I- Card number | Contact number of worker | Period of Non Payment  | Amount of wages to be paid (Rs,) |

1. Total Amount of wages to be paid : Rs. Total Workers affected :
2. Name of Principal Employer :
3. Address of Principal Employer
4. Email id of Principal Employer to be used for correspondence and Video Conferencing
5. Contact Number of Principal Employer
6. Name of Contractor :
7. Address of Contractor
8. Email id of Contractor to be used for correspondence and Video Conferencing
9. Contact Number of Contractor
10. Details, if any:

Signature

(Name)