



COMPLAINT FORM

General information

Espacio reservado Registro de Entrada

ATTENTION

IN THE EVENT OF DISAGREEMENT WITH YOUR DISMISSAL, YOU MUST FILE A LAWSUIT WITH THE SOCIAL JURISDICTION WITHIN THE UNEXTENDABLE PERIOD OF 20 WORKING DAYS FROM THE DATE OF DISMISSAL.

Addressed to:

The complaint form must be sent to the Provincial Labour and Social Security Inspectorate corresponding to the province where the work centre is located.

Details of the company/employer against which/whom the complaint is being filed:

Name:

NIF / CIF:

Activity:

CCC:

Workplace address:

City:

Province:

Postcode:

Number of workers:

Is the company still in business?

YES

NO

Details of the person filing the complaint:

Name and surname(s):

NIE / NIF:

NIF / CIF:

Address:

City:

Province:

Postcode:

Telephone number:

Are you, or have you ever been, a worker of the company?

YES

NO

Have you filed a lawsuit for the same reason as this complaint?

YES

NO

CORREO ELECTRÓNICO:

itssgat@mites.gob.es

DIR3: EA0041787
www.mites.gob.es/itss



Mark with an X the reason or reasons for the complaint:

Social Security

- | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Working without registration in the Social Security system. | <input type="checkbox"/> Work incompatible with benefits received for unemployment, temporary incapacity, retirement, etc. | <input type="checkbox"/> Payment of amounts not included on payslip and not declared to the Social Security authorities. |
| <input type="checkbox"/> Other (Describe in the section provided at the end of this document). | | |

Labour relations

- | | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Working without a contract. | <input type="checkbox"/> More working hours than those stated in your contract. | <input type="checkbox"/> Irregular temporary contracts. |
| <input type="checkbox"/> Violations involving overtime, holidays and breaks. | <input type="checkbox"/> Violations involving accommodation conditions of seasonal workers. | <input type="checkbox"/> Non-payment of salary. |
| <input type="checkbox"/> Other (Describe in the section provided at the end of this document). | | |

Employment and foreigners

- | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Foreign workers without a work permit. | <input type="checkbox"/> Discrimination in access to employment and at the workplace. | <input type="checkbox"/> Obligations involving documents. |
| <input type="checkbox"/> Workplace integration of people with disabilities. | <input type="checkbox"/> Grants and subsidies. | <input type="checkbox"/> Other (Describe in the section provided at the end of this document). |

Occupational Health and Safety

- | | | |
|--------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Safety conditions at the workplace. | <input type="checkbox"/> Training and information for workers. | <input type="checkbox"/> Risk assessment. |
| <input type="checkbox"/> Health surveillance. | <input type="checkbox"/> Individual protective measures. | <input type="checkbox"/> Other (Describe in the section provided at the end of this document). |



DESCRIPTION OF FACTS (Specify the reason, accompanying supporting documentation in your case):

In order to ensure the success of the inspection, you need to provide a brief description of the grounds of your complaint, in Spanish. If you have problems with Spanish, you may ask a family member or friend for help in order to give this brief description.

SIGNATURE OF THE COMPLAINANT	
Name:	
Signed:

Note on Personal Data Protection:

Pursuant to Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation) and Article 11 of Organic Law 3/2018, of 5 December, on Personal Data Protection and the Safeguarding of Digital Rights, this form contains personal data that will be processed by the controller, the Labour and Social Security Inspectorate, a state entity, in performing its principal function of surveillance of and ensuring the observance of social and Social Security regulations, all of which is legitimized under the provisions of Article 8.2 of the aforementioned Organic Law 3/2018, of 5 December.

Where applicable, the rights recognized in Articles 15 to 22 of Regulation (EU) 2016/679 can be exercised by writing to the Labour and Social Security Inspectorate, at Paseo de la Castellana, 63, 28071 Madrid or at the following email address: pdp.itss@mites.gob.es

The remaining information required by Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation) can be accessed on the following webpage: <https://www.aepd.es/reglamento/derechos/index.html>