

Workplace Relations Commission

## WRC eComplaint Portal – Step by Step User Guide

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# Advantages of New Form

- Far easier to access. Available on all desktop/laptop browsers, as well as all mobile devices.
- More intuitive experience for users, with clearly labelled areas.
- Separate Employment Rights and Equal Status forms.
- Save as Draft functionality to allow for completion of Form at a later time.
- Document upload facility, allowing complainants to upload relevant documentation at the time of form submission.
- Eircode integration for easy address completion.
- Web Content Accessibility Guidelines (WCAG) 2.1 compliant, allowing for ease of use for those with accessibility needs.

## Points of Note on New Form

- As with all of our forms, this new Form should only be completed for individual complaint applications. For applications with multiple complainants, separate forms will be required.
- Save as Draft functionality saves the form and ends the application sessions. To restart the session, you must retrieve the draft from the email link that is sent to you.
- The new Form is up to date with all new legislation.
- As of **1st June 2025** the old PDF application form is no longer accepted by the WRC. Please do not try and complete an application after this time with the PDF, as the underlying network connections will be disabled, meaning the complaint will not go through.
- The Form will have an Irish language version, available on request to the WRC.

## Portal Home Page - Guidance Notes

When you click through to the portal on the <u>WRC website</u> you are presented with the Guidance Notes for the portal. This page gives you useful notes about completing an application as well as some important points regarding the various aspects of a complaint application. There are links to both the Employment Rights and Equal Status complaint forms at the top of the page and at the bottom of the notes. There is no difference between clicking on an Employment Rights Complaint at the top of the page and by clicking on the Employment Rights link at the bottom of the notes. Both links will go to the same location. The same is true for Equal Status Complaint links



#### Guidance Notes for Completion of e-Complaint Form

The WRC is an independent body and is not in a position to give legal advice. The information contained in the complaint form is not to be treated as advice for either party. Do not rely on information contained in the form in place of advice. It is recommended that you read the form in its entirety before completing the online form.

#### When should you use this Form?

This complaint form should be used to make complaints to the Workplace Relations Commission in relation to alleged contraventions of employment, equality, equal status and certain industrial relations legislation.

#### How to make a complaint?

This is an e-Complaint Form. Simply fill in the details required and use the 'Submit' button. Your complaint will then be submitted electronically in a secure and confidential manner to the Workplace Relations Commission. See below for further details.

# **Complaint Form Layout**

When submitting an application, complainants will be presented with a number of pages across the top of the application. These pages will be different for Employment Rights and Equal Status complaints. Below is an image from the Employment Rights complaint pages:



Below is an image showing the pages from the Equal Status Complaint:



Equal Status Complaint

The main difference between the two complaints is that there is no need for complainants to enter Employment or Pay Details, as they are not relevant to the complaint.

# How to submit an Employment Rights Complaint

#### **Complainants Details**

The first page on the Employment Rights application is for the Complainant Details. Some of these fields are mandatory in order to continue with your application. Mandatory fields are marked with a \*.

Clicking on the Address Line 1 field will bring up an Eircode Finder. It is recommended that you put in your Eircode (where possible) in order to save time filling in Address fields.

| Address Line             | 1:*   |
|--------------------------|---|
| Enter Eirco              | de or address   |
| Town · *                 |   |
| 1 Complainant's Details  | 2 Employment Details 3 Respondent/Employer's Full Legal Details 4 Representative Details 5 Special Facilities |
| 6 General Complaint Area | a 7 Pay Details 8 Workplace Relations Commission Mediation Services 9 Complaint Submission                    |

#### **Employment Rights Complaint**

A red asterisk (\*) signifies a mandatory field.

| omplainant's Details       |                    |            |
|----------------------------|--------------------|------------|
| Title :                    | Firstname : *      |            |
| Select                     | •                  |            |
| Surname : *                | Address Line 1 : * |            |
| Address Line 2 :           | Town : *           |            |
| County :                   | Country :          |            |
| Select                     | ✓ Ireland          | ~          |
| Eircode / Postcode :       | Country Code       |            |
|                            | Select             | ~ <b>1</b> |
| Mobile Number :            | E-mail :           |            |
| Provide a telephone number |                    | 6          |

**NOTE:** In order to use the Save as Draft field at a later stage of the application, you must complete the 'Country Code', 'Mobile Number' and 'Email' fields. Please ensure that you are contactable on the number and email provided. If you are filling out this form as a representative of someone else, please ensure that you put your contact details in these fields.

### **Employment Details**

In the Employment Details section, a complainant needs to enter all the details relevant to their employment. For particular complaints, the information in these fields will be very important. However, only the County field is a required field in this section. The reason the County field is needed is that hearings will be scheduled taking into account the information in that field. Please be careful to include the correct Employer's County in this field.

| 1 Complainant's Details 🖌 2 Employ   | ment Details | 3 Respondent/Employer's Full Le    | gal Details | 4 Representative Details | 5 Special Facilities  |         |
|--|--------------|------------------------------------|-------------|--------------------------|-----------------------|---------|
| 6 General Complaint Area 7 Pay Detai   | ils 8 Work   | place Relations Commission Mediati | on Services | 9 Complaint Submission   |                       |         |
| Employment Details   |              |                                    |             |                          |                       |         |
| Date of Commencement:  |              | Date of Notice received (if applic | able):      | Date Employment          | ended (if applicable) | :       |
| DD/MM/YYYY   | <b></b>      | DD/MM/YYYY                         | <b></b>     | DD/MM/YYYY               |                       | <b></b> |
| My Work Address :<br>Address Line 1 :  |              | Address Line 2 :                   |             |                          |                       |         |
|  |              |                                    |             | ]                        |                       |         |
| Town:  |              | Eircode / Postcode :               |             | ]                        |                       |         |
| County: *<br>Note that in case of certain counties, the<br>Complainant is asked to indicate whether<br>location is north, south, east or west. This<br>assist in relation to the scheduling of<br>adjudication hearings. |              |                                    |             | 1                        |                       |         |
| Previous Next Save As Dra  | aft          |                                    |             |                          |                       |         |

### Respondent/Employer's Full Legal Details

It is important for any complainant to include as many details as possible as possible about the Respondent/Employer. There are numerous mandatory fields to be completed on this page, including the Main business activity/sector. Eircode functionality is present on the Address Line 1 field.

| 1 Complainant's Details ✔  | 2 Employmen   | t Details 🖌 | 3 Respondent/Employer's Full Legal Details | 4 Representative Details | 5 Special Facilities |
|----------------------------|---------------|-------------|--|--------------------------|----------------------|
| 6 General Complaint Area   | 7 Pay Details | 8 Workpla   | ce Relations Commission Mediation Services | 9 Complaint Submission   |                      |
|                            |               |             |  |                          |                      |
| Respondent/Em              | ployer's F    | ull Leg     | al Details                                 |                          |                      |
| Name/Company : *           |               |             |  |                          |                      |
|                            |               | 6           |  |                          |                      |
| Trading as (if applicable) | :             |             |  |                          |                      |
|                            |               |             |  |                          |                      |
| Address Line 1 : *         |               | A           | ddress Line 2 :                            |                          |                      |
|                            |               |             |  |                          |                      |
| Town : *                   |               | Ca          | ounty:*                                    |                          |                      |
|                            |               |             | •  |                          |                      |
| Country :                  |               | Ei          | rcode / Postcode :                         |                          |                      |
| Ireland                    |               | •           |  |                          |                      |
| Employer (PAYE) Number     |               |             |  |                          |                      |
|                            | •             |             |  |                          |                      |
|                            |               |             |  |                          |                      |
| Contact Datails            |               |             |  |                          |                      |
| Contact Details            |               |             |  |                          |                      |
| Title : *                  |               | Fi          | rstname : *                                |                          |                      |
|                            |               | ~           |  | 8                        |                      |

There are extra hidden fields in this section that will appear if the Receivership or Liquidation option is selected on the 'Is this company in?' question:

| <b>Is this company in ? :</b><br>Receivership O Liquidation O Neither |                            |
|---|----------------------------|
| lease complete details below :  |                            |
| Receivers Name  | Address Line 1 :           |
| Address Line 2 :  | Town :                     |
| Eircode / Postcode :  | County :                   |
|   | Select 🗸                   |
| Email :   | Contact Number :           |
|   | Provide a telephone number |

While the field is not mandatory, selecting Yes to the question of 'Will you have representation?', will allows you to enter information into the Representative Details section of the application.

| Wi | ll yo | u ha       | ave | representation ? : |  |
|----|-------|------------|-----|--------------------|--|
| 0  | Yes   | $\bigcirc$ | No  |                    |  |

Selecting No or leaving this field blank will result in that section of the application disappearing from the list of sections at the top of the page. This reduces the number of sections down to 8 instead of 9.

| 1 Complainant's | Details 🖌  | 2 Employment Details 🗸        | 3 Responde   | ent/Employer's Full Legal Details ✔ | 4 Special Facilities | 5 General Complaint Area |
|-----------------|------------|-------------------------------|--------------|-------------------------------------|----------------------|--------------------------|
| 6 Pay Details   | 7 Workplac | e Relations Commission Mediat | ion Services | 8 Complaint Submission              |                      |                          |

**NOTE:** The question marked as 'Do one or more of your complaint(s) relate to a contravention of the Transfer of Undertakings Regulations?' will also prompt another hidden section (Transferor Details) to appear. It's important to note that if Yes is selected to this question, more mandatory fields need to completed in order to progress the application to the next section.

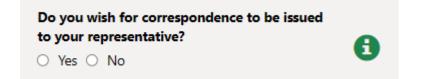
| Where a complaint application includes both transfer of undertaking and other specific compaints. the other specific complaints will be processed against both named respondents(the Transferee and the Transferor) and the details copied to both   Do one or more of your complaint(s) relate to a contravention of the Transfer of Undertakings Regulations?   No   No   Yes   ease provide details below for your previous employer (Transferor) :   Name/Company :*  |   |            |   |   |
|---|---|------------|---|---|
| the other specific complaints will be processed against both named respondents(the Transferee and the Transferor) and the details copied to both  To one or more of your complaint(s) relate to a contravention of the Transfer of Undertakings Power Ses  To one or more of your complaint(s) relate to a contravention of the Transfer of Undertakings Power Ses  Trading as (if applicable):  Trading as (if applicable):  Trown : Address Line 2 :  Ercode / Postcode : County : *  Ercode / Postcode : County : *  Date of Transfer : *  DD/MW/YYY   |   |            |   |   |
| Do one or more of your complaint(s) relate to a contravention of the Transfer of Undertakings   Regulations?   No   No   Rese provide details below for your previous employer (Transferor):     Name/Company:*   | the other specific complaints will be proce | essed agai |   |   |
| Regulations?   No   Ware/Company :*   Image: State of the set of th                   |   |            |   |   |
| No We Yes   ease provide details below for your previous employer (Transferor) :   Name/Company :*   Trading as (if applicable) :   | •     | te to a co | ntravention of the Transfer of Undertakings | 6 |
| ease provide details below for your previous employer (Transferor) :   Name/Company :*  | •   |            |   |   |
| Name/Company :*   Trading as (if applicable) :   Address Line 1 :*   Address Line 1 :*   Cown :*   Address Line 2 :   Eircode / Postcode :   County :*   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:   Is the head office address different from above ?:  |   |            |   |   |
| Name/Company :*   Trading as (if applicable) :   Address Line 1 :*   Address Line 1 :*   Cown :*   Address Line 2 :   Eircode / Postcode :   County :*   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:   Is the head office address different from above ?:  |   |            |   |   |
| Name/Company :*   Trading as (if applicable) :   Address Line 1 :*   Address Line 1 :*   Cown :*   Address Line 2 :   Eircode / Postcode :   County :*   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:   Is the head office address different from above ?:  | ease provide details below fo               | or you     | r previous employer (Transferor) :          |   |
| Image: Select   Date of Transfer :*   DD/MM/YYYY   Image: Select   Date of Transfer :*   Contact Number :   Provide a telephone number   Is the head office address different from above ?:   Image: Select   I   | Name/Company : *                            |            |   |   |
| Trading as (if applicable) :   Address Line 1 : *   Address Line 1 : *   County : *   Eircode / Postcode :   County : *   Select   Date of Transfer : *   DD/MM/YYYY   Provide a telephone number   Is the head office address different from above ? :   V   |   |            | <b>A</b>                                    |   |
| Address Line 1:*   Town :*   Address Line 2:   Town :*   Address Line 2:   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:     Town:*     Main business activity/sector :*   |   |            |   |   |
| Town :* Address Line 2 :   Town :* County :*   Eircode / Postcode : County :*   Select ✓   Date of Transfer :* Contact Number :   DD/MM/YYYY Image: Contact Number in the second   | Trading as (if applicable) :                |            |   |   |
| Town :* Address Line 2 :   Town :* County :*   Eircode / Postcode : County :*   Select ✓   Date of Transfer :* Contact Number :   DD/MM/YYYY Image: Contact Number in the second   |   |            |   |   |
| Town :* Address Line 2 :   Town :* County :*   Eircode / Postcode : County :*   Select ✓   Date of Transfer :* Contact Number :   DD/MM/YYYY Image: Contact Number in the second   | Address Line 1. *                           |            |   |   |
| Eircode / Postcode :   County :*   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector :*  |   |            |   |   |
| Eircode / Postcode :   County :*   Select   Date of Transfer :*   DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector :*  |   |            |   |   |
| Select   Date of Transfer : *   DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector : *   | Town : *                                    |            | Address Line 2 :                            |   |
| Select   Date of Transfer : *   DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector : *   |   |            |   |   |
| Date of Transfer : * Contact Number :   DD/MM/YYYY Image: Contact Number image: Conta | Eircode / Postcode :                        |            | County : *                                  |   |
| DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector : *   |   |            | Select 🗸                                    |   |
| DD/MM/YYYY   Is the head office address different from above ?:     Main business activity/sector : *   |   |            |   |   |
| Is the head office address different from above ?:  |   |            | Contact Number :                            |   |
| above ?:  | DD/MM/YYYY                                  |            | Provide a telephone number                  |   |
| above ? :  Main business activity/sector : *  | Is the head office address different from   |            | Employer (PAYE) Number :                    |   |
| Main business activity/sector : *   | above ? :                                   |            |   |   |
|   |   | *          |   |   |
|   |   |            |   |   |
| Select 🗸  | Main business activity/sector : *           |            |   |   |
|   | Select                                      | ~          |   |   |

#### **Representative Details**

If Yes is selected to the 'Will you have representation?', the next section for a complainant to complete will be the 'Representative Details'. This follows a very similar structure to other sections, with Eircode functionality in the Address Line 1 field.

| 1 Complainant's Details 🖌 2 Employment De | etails 🖌 3 Respondent/Employer's Full Legal Details  | 4 Representative Details 5 Special Facilities |
|---|--|---|
| 6 General Complaint Area 7 Pay Details 8  | Workplace Relations Commission Mediation Services  | 9 Complaint Submission                        |
|   |  |   |
| Representative Details                    |  |   |
| Title                                     | Firstname *  |   |
| Select 🗸                                  |  |   |
| Surname *                                 | Name / Organisation : *  |   |
|   |  |   |
| Address Line 1 : *                        | Town : *   |   |
|   |  |   |
| Address Line 2 :                          | County :   |   |
|   | Select 🗸   |   |
| Eircode / Postcode :                      |  |   |
|   |  |   |
| Email :                                   | Contact Number :   |   |
|   | Provide a telephone number   |   |
| Complainant Representative Ref No.        | Do you wish for correspondence to be issued<br>to your representative?                       |   |
|   | ○ Yes ○ No   | 0   |
|   |  |   |
|   |  |   |
|   | e a complaint falls to be considered by a Wo<br>n and all relevant correspondence will be co |   |
| parties to the complaint.                 |  |   |

**NOTE:** This section contains the question 'Do you wish for correspondence to be issued to your representative?'. If you select Yes to this question, all further correspondence will be issued to both the complainant and the nominated representative. This does not apply to a Draft of the application, which can only go to one recipient.



## **Special Facilities**

The Special Facilities section of the application allows for a complainant to fill in any details regarding extra needs they may have. If a complainant requires translation services to be involved, this is the area to enter those details. There are no required fields within this section.

| 1 Complainant's Det                      | ails 🖌 2 Employment Details 🖌       | 3 Respondent/Employer's Full Legal Details 🗸   | 4 Special Facilities | 5 General Complaint Area |
|--|-------------------------------------|--|----------------------|--------------------------|
|  |                                     |  |                      |                          |
| 6 Pay Details 7                          | Workplace Relations Commission Medi | ation Services 8 Complaint Submission          |                      |                          |
|  |                                     |  |                      |                          |
| Special Facil                            | ities                               |  |                      |                          |
| Should your comp<br>facilities when atte |                                     | dication Officer, will you require any special |                      |                          |
| Yes                                      |                                     | ~  |                      |                          |
| Please provide det                       | ails. A member of our Information a | nd Customer Services may be in contact to      |                      |                          |
| discuss your applie                      |                                     | a customer services may be in contact to       |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     | h  |                      |                          |
|  |                                     | 1750/1750 characters remaining                 |                      |                          |
|  |                                     |  |                      |                          |
|  |                                     |  |                      |                          |
| Previous                                 | Save As Draft                       |  |                      |                          |

#### General Complaint Area

Within the General Complaint Area, you'll find the ability to submit all specific complaints that are relevant to your application. Alongside this, you will also be able to upload any supplementary documentation for your application.

In order to create a new specific complaint, click on the 'Create' button. This will take you to the Specific Complaints area (covered in the next section).

| 1 Complainant's Details ✔   | 2 Employment Details ✔   | 3 Respondent/Employer's Full Legal Details | ✓ 4 Special Facilities ✓ |          |
|-----------------------------|--------------------------|--|--------------------------|----------|
| 5 General Complaint Area    | 6 Pay Details 7 Workplac | ce Relations Commission Mediation Services | 8 Complaint Submission   |          |
| General Complai             | nt Area                  |  |                          |          |
| deneral comptai             | int in ou                |  |                          |          |
|                             |                          |  |                          | • Create |
| My Complaint falls<br>under | Complaint Specific Are   | эа   | Redress Option S         | elected  |
|                             |                          |  |                          |          |
| There are no records to di  | isplay.                  |  |                          |          |
|                             |                          |  |                          |          |
| Upload necessary d          | ocuments here            |  |                          |          |
| Documents list              | t                        |  |                          |          |
| There is no document t      | o display.               |  |                          |          |
| Add<br>Document             |                          |  |                          |          |
| Previous Next               | Save As Draft            |  |                          |          |

**NOTE:** In order to create multiple specific complaints, you need to first Submit your specific complaint and be brought back to the General Complaint Area. From here, you can click on the 'Create' button again to create another specific complaint.

Once you have added a specific complaint, you can edit the complaint or delete it entirely using the drop-down options to the right of the complaint.

| General Compla                        | int Area   |                         |                             |
|---------------------------------------|--|-------------------------|-----------------------------|
|                                       |  |                         | ◆ Create                    |
| My Complaint falls<br>under           | Complaint Specific Area  | Redress Option Selected |                             |
| Pay                                   | I am not given compensation for working on a Sunday                | Yes                     | $\overline{\mathbf{\cdot}}$ |
| Terms and Conditions of<br>Employment | I did not receive a statement in writing on my terms of employment | Yes                     | •                           |

### **Specific Complaints**

Within the Specific Complaints section, you choose the complaint type using the dropdown options menu. Once selected, you are presented with a number of options relevant to that complaint type.

#### Create

| <ul> <li>I do not receive the National Minimum Rate of Pay</li> <li>I am not given compensation for working on a Sunday</li> <li>I do not get a payslip</li> <li>My payslip does not show the gross wages payable and/or the amount of any deductions</li> <li>My employer has made an unlawful deduction from my wages and/or tips or gratuities</li> <li>My employer has not paid me or has paid me less than the amount due to me</li> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul> |   |
|--|---|
| <ul> <li>I am not given compensation for working on a Sunday</li> <li>I do not get a payslip</li> <li>My payslip does not show the gross wages payable and/or the amount of any deductions</li> <li>My employer has made an unlawful deduction from my wages and/or tips or gratuities</li> <li>My employer has not paid me or has paid me less than the amount due to me</li> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>  |   |
| <ul> <li>I do not get a payslip</li> <li>My payslip does not show the gross wages payable and/or the amount of any deductions</li> <li>My employer has made an unlawful deduction from my wages and/or tips or gratuities</li> <li>My employer has not paid me or has paid me less than the amount due to me</li> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>   | ( |
| <ul> <li>My payslip does not show the gross wages payable and/or the amount of any deductions</li> <li>My employer has made an unlawful deduction from my wages and/or tips or gratuities</li> <li>My employer has not paid me or has paid me less than the amount due to me</li> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>   |   |
| deductions My employer has made an unlawful deduction from my wages and/or tips or gratuities My employer has not paid me or has paid me less than the amount due to me My employer pays me by a method other than that legally prescribed My employer is not keeping statutory employment records I did not receive my paid holiday/annual leave entitlement I have not received my Public Holiday entitlements   |   |
| <ul> <li>My employer has not paid me or has paid me less than the amount due to me</li> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>   |   |
| <ul> <li>My employer pays me by a method other than that legally prescribed</li> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>  |   |
| <ul> <li>My employer is not keeping statutory employment records</li> <li>I did not receive my paid holiday/annual leave entitlement</li> <li>I have not received my Public Holiday entitlements</li> </ul>  |   |
| I did not receive my paid holiday/annual leave entitlement   |   |
| O I have not received my Public Holiday entitlements   |   |
| $\bigcirc$ I have not received my Public Holiday entitlements<br>$\bigcirc$ I did not receive the appropriate payment in lieu of notice of termination of my   |   |
| $\odot$ I did not receive the appropriate payment in lieu of notice of termination of my   |   |
| employment   |   |
| $\odot$ I did not receive a statement of my average hourly rate of pay   |   |
| <ul> <li>I do not receive the minimum rates(s) of pay set out in an Employment Regulation Order<br/>(ERO)</li> </ul>   |   |
| <ul> <li>I do not receive the minimum rate(s) of pay set out in a Sectoral Employment Orders<br/>(SEO)</li> </ul>  |   |

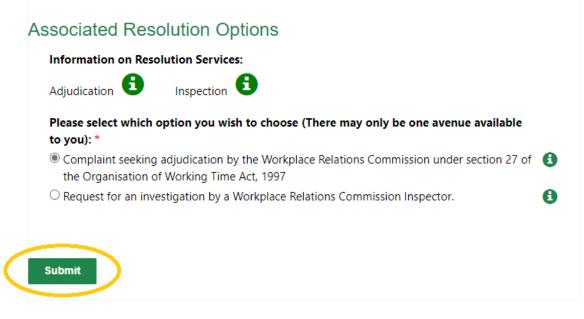
Depending on your selection, you may be presented with further questions that need to be answered in order to submit that complaint. Below is an example of the questions that are available to answer when submitting a Pay complaint type with the specific complaint of 'I do not receive the National Minimum rate of pay. Note: Not all of these questions will be mandatory. Any mandatory questions will be marked as \*.

| Compla   |  |   |   |
|----------|--|---|---|
| Comple   | int Details  |   |   |
| My con   | nplaint falls under (Please select from the drop down list below):   |   |   |
| Pay      |  | ~ |   |
|          |  |   |   |
| My com   | plaint more specifically falls under: *  |   |   |
| ● I do I | not receive the National Minimum Rate of Pay   |   |   |
|          |  |   |   |
| Compla   | int Specific Details   |   |   |
| What is  | your pay reference period?   |   |   |
| Selec    | t  | ~ | E |
| Sciec    |  |   |   |
| What is  | : the latest pay date on which you allege you received a payment that is less than which you are entitled under the National Minimum Wage Act, 2000? |   |   |

The final thing that needs to be done when submitting a complaint will be to select the appropriate Redress or Resolution option for your complaint. In some cases, you will be given the opportunity to select an Adjudication or an Inspection resolution option. This is dependent on the type of complaint being submitted. Some of them will only have one of these two options.

| Associated Resolution Options  |   |
|--|---|
| Information on Resolution Services:  |   |
| Adjudication 🔒 Inspection 🔒  |   |
| Please select which option you wish to choose (There may only be one avenue available to you): *                                   |   |
| O Complaint seeking adjudication by the Workplace Relations Commission under section 24 of<br>the National Minimum Wage Act, 2000. | 0 |
| Request for an investigation by a Workplace Relations Commission Inspector under the<br>National Minimum Wage Act, 2000.           | 0 |
|  |   |
| Submit   |   |

In order to submit that specific complaint to your application, you need to select 'Submit' at the bottom of the page.



#### Pay Details

In the Pay Details section, a complainant needs to enter any information regarding their pay, if it is relevant to the complaint they are making. This section again is not mandatory, and only needs to be entered where it is relevant.

| 1 Complainant's Details ✔  | 2 Employment Det | tails 🖌 | 3 Respondent/Employer's Full Legal Details 🖌  | 4 Special Facilities 🖌 |
|----------------------------|------------------|---------|---|------------------------|
| 5 General Complaint Area ✔ | 6 Pay Details    | 7 Work  | place Relations Commission Mediation Services | 8 Complaint Submission |
|                            |                  |         |   |                        |
| Pay Details                |                  |         |   |                        |
| Pay Period                 |                  | Gr      | oss Pay                                       |                        |
|                            | ~                |         |   |                        |
| Net Pay                    |                  | W       | eekly Hours Worked                            |                        |
|                            |                  |         |   |                        |
|                            |                  |         |   |                        |
|                            |                  |         |   |                        |
| Previous Next              | Save As Draft    |         |   |                        |

#### **Mediation Services**

The WRC offers mediation services where it is applicable to the complaint being made. The Mediation Services section of the complaint application form provides information on this and there is then a required field for all complainants to complete. Unfortunately, due to the nature of the application, this field needs to be completed. However, Mediation Services can only be provided where it is applicable to the type of complaint.

| 1 Complainant's Details 🖌  | 2 Employment Details |     | 3 Respondent/Employer's Full Legal Details 🗸      | 4 Special Facilities 🖌 |
|----------------------------|----------------------|-----|---|------------------------|
| 5 General Complaint Area 🗸 | 6 Pay Details 🖌      | 7 W | /orkplace Relations Commission Mediation Services | 8 Complaint Submission |

#### Workplace Relations Commission Mediation Services

The Workplace Relations Commission may be in a position to offer mediation in certain cases to facilitate the resolution of complaints without having to go to an Adjudication hearing. Mediation is a free, impartial, voluntary and confidential service. Both parties must agree to participate.

It can take place via telephone or face-to-face meetings, whichever the WRC deems more appropriate.

If agreement is reached at mediation, the Mediation Officer will record in writing the terms of the resolution which the parties will be asked to sign. This agreement is legally binding and confidential to the parties. The case will be closed and there will be no Adjudication hearing. Each side will keep a copy of the agreement, and the Mediator will keep a copy.

If there is no resolution at mediation, the Mediation Officer will confirm this in writing and an Adjudication hearing will then take place.

Please note that mediation is not available for Industrial Relations and Redundancy complaints. If your complaint application relates to such a complaint please do not select 'Yes' below.

For further information, please see our Pre-Adjudication Mediation FAQs on our website www.workplacerelations.ie

| Please indicate if you would be willing to avail of mediation services to facilitate the resolution of your complai<br>Relations Commission be in a position to offer these services in this case. " | nt/dispute should the Workplace |
|--|---------------------------------|
| ○ Yes ○ No   |                                 |
|  |                                 |
|  |                                 |
| Previous Next Save As Draft  |                                 |

## **Complaint Submission**

The final page of the complaint application is seeking consent from complainants to be contacted by email. If No is selected here, all future correspondence will be by post only.

A declaration is also required to confirm that the information in the form is accurate.

|   | Guidance   | e Note                            | es Employment Rights Complaint   | Equal Status Complain               | t WRC Ho  |
|---|--|-----------------------------------|--|-------------------------------------|-----------|
|   |  |                                   |  |                                     |           |
|   |  |                                   |  |                                     |           |
|   |  |                                   |  |                                     |           |
| Complainant's Details 🖌   | 2 Employment Detai   | ls 🖌                              | 3 Respondent/Employer's Full Legal Details 🖌   | 4 Special Facilities 🖌              |           |
| General Complaint Area ✔  | 6 Pay Details 🖌  | 7 Wo                              | orkplace Relations Commission Mediation Service  | es 🖌 8 Complaint Submission         |           |
| omplaint Submis   | ssion  |                                   |  |                                     |           |
| By providing an email addre   | ess you are consentin <u>c</u>   | -                                 | Workplace Relations Commission communica   | ting with you by electronic means   | s (eMail) |
| including the serving or give<br>○ Yes ○ No   | ess you are consenting<br>ing notice(s)/docume<br>upreme Court judgme  | nt(s) *                           | Workplace Relations Commission communica<br>wski [2021] IESC 24 the WRC can no longer gu |                                     |           |
| By providing an email addre<br>including the serving or givi<br>Yes No<br>Please note further to the Si<br>decisions would be anonym<br>Please note that all docume | ess you are consenting<br>ring notice(s)/docume<br>iupreme Court judgme<br>iised.<br>entation submitted, inc | nt(s) *<br>ent Zalev<br>cluding ( |  | arantee hearings will be in private | e or that |

# How to submit an Equal Status Complaint

#### **Complainants Details**

The first page on the Equal Status application is for the Complainant Details. Some of these fields are mandatory in order to continue with your application. Mandatory fields are marked with a \*.

Clicking on the Address Line 1 field will bring up an Eircode Finder. It is recommended that you put in your Eircode (where possible) in order to save time filling in Address fields.

| Address Line 1 : *   |   |
|--|---|
| Enter Eircode or address Q   |   |
| loum · *   |   |
| 1 Complainant's Details 2 Goods/Service/Facilities Provider Details 3 Representative Details | 4 Special Facilities 5 General Complaint Area |
| 6 Workplace Relations Commission Mediation Services 7 Complaint Submission                   |   |

#### Equal Status Complaint

A red asterisk (\*) signifies a mandatory field.

| Complainant's Details      |                    |   |
|----------------------------|--------------------|---|
| Title :                    | Firstname : *      | _ |
| Select 🗸                   |                    |   |
| Surname : *                | Address Line 1 : * | ] |
| Address Line 2 :           | Town : *           | ] |
| County :                   | Country :          |   |
| Select 🗸                   | Select 🗸           | • |
| Eircode / Postcode :       | Country Code       |   |
|                            | Select 🗸           | • |
| Mobile Number :            | E-mail :           |   |
| Provide a telephone number |                    | • |
| Nationality :              |                    |   |
| Select 🗸                   |                    |   |
|                            |                    |   |
|                            |                    |   |
| Next                       |                    |   |

**NOTE:** In order to use the Save as Draft field at a later stage of the application, you must complete the 'Country Code', 'Mobile Number' and 'Email' fields. Please ensure that you are contactable on the number and email provided. If you are filling out this form as a representative of someone else, please ensure that you put your contact details in these fields.

#### Goods/Service/Facilities Provider Details

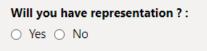
In this section, a complainant needs to enter all the details relevant to their Goods, Service or Facilities provider they are seeking to take a complaint against. For particular complaints, the information in these fields will be very important. However, only the County field is a required field in this section. The reason the County field is needed is that hearings will be scheduled taking into account the information in that field. Please be careful to include the correct County of the Goods, Service or Facilities Provider in this field.

| Complainant's Details 🖌 2 0    | Goods/Service/Facilit | ies Provider Details | 3 Representative Details | 4 Special Facilities | 5 General Complaint Area |
|--------------------------------|-----------------------|----------------------|--------------------------|----------------------|--------------------------|
| Workplace Relations Commission | Mediation Services    | 7 Complaint Sub      | nission                  |                      |                          |
|                                |                       |                      |                          |                      |                          |
| oods/Service/Facil             | lities Provi          | der Details          |                          |                      |                          |
|                                |                       | uer Details          |                          |                      |                          |
| Name/Company : *               |                       |                      |                          |                      |                          |
|                                |                       | 3                    |                          |                      |                          |
| Trading as (if applicable) :   |                       |                      |                          |                      |                          |
|                                |                       |                      |                          |                      |                          |
| Address Line 1 : *             |                       | Address Line 2 :     |                          |                      |                          |
|                                |                       |                      |                          | ]                    |                          |
|                                |                       |                      |                          |                      |                          |
| Town : *                       |                       | County :             |                          |                      |                          |
|                                |                       | Select               | ~                        |                      |                          |
| Country :                      |                       | Eircode / Postcod    | •:                       |                      |                          |
| Select                         | ~                     |                      |                          |                      |                          |
|                                |                       |                      |                          | 1                    |                          |
|                                |                       |                      |                          |                      |                          |
| ontact Details                 |                       |                      |                          |                      |                          |
|                                |                       |                      |                          |                      |                          |
|                                |                       | Einstaame : *        |                          |                      |                          |
| Title :                        | ~                     | Firstname : *        |                          | •                    |                          |
|                                | ~                     | Firstname : *        |                          | 0                    |                          |
| Title :                        | ~                     | Firstname : *        |                          | •                    |                          |
| Title :<br>Select              | ~                     |                      |                          | 6                    |                          |
| Title :<br>Select              | ~                     |                      |                          | 6                    |                          |

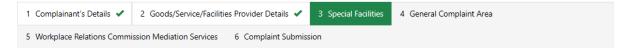
There are extra hidden fields in this section that will appear if the Receivership or Liquidation option is selected on the 'Is this company in?' question:

| Is this company in ? :<br>Receivership O Liquidation O Neither |                            |
|--|----------------------------|
| Please complete details below :                                |                            |
| Receivers Name   | Address Line 1 :           |
| Address Line 2 :   | Town :                     |
| Eircode / Postcode :   | County :                   |
|  | Select 🗸                   |
| Email :  | Contact Number :           |
|  | Provide a telephone number |

While the field is not mandatory, selecting Yes to the question of 'Will you have representation?', will allows you to enter information into the Representative Details section of the application.



Selecting No or leaving this field blank will result in that section of the application disappearing from the list of sections at the top of the page. This reduces the number of sections down to 6 instead of 7.

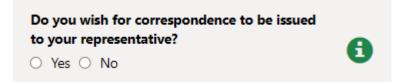


#### **Representative Details**

If Yes is selected to the 'Will you have representation?', the next section will be for a complainant to complete will be the 'Representative Details'. This follows a very similar structure to other sections, with Eircode functionality in the Address Line 1 field.

| 1 Complaina | ant's Details ✔   | 2 Goods/Service/Facili    | ties Provider Details 🖌 | 3 Representative Details | 4 Special Facilities | 5 General Complaint Area |
|-------------|-------------------|---------------------------|-------------------------|--------------------------|----------------------|--------------------------|
| 6 Workplace | e Relations Comm  | ission Mediation Services | 7 Complaint Submiss     | ion                      |                      |                          |
|             |                   |                           |                         |                          |                      |                          |
| Represe     | entative D        | etails                    |                         |                          |                      |                          |
| Title       |                   |                           | Firstname *             |                          |                      |                          |
| Select      |                   | ~                         |                         |                          |                      |                          |
| Surname *   |                   |                           | Name / Organisation     | :*                       |                      |                          |
|             |                   |                           |                         |                          |                      |                          |
| Address Li  | ine 1 : *         |                           | Town : *                |                          |                      |                          |
|             |                   |                           |                         |                          |                      |                          |
| Address Li  | ine 2 :           |                           | County :                |                          |                      |                          |
|             |                   |                           | Select                  | ~                        |                      |                          |
| Eircode / F | Postcode :        |                           |                         |                          |                      |                          |
|             |                   |                           |                         |                          |                      |                          |
| Email :     |                   |                           | Contact Number :        |                          |                      |                          |
|             |                   |                           | Provide a telephone     | number                   |                      |                          |
| Complaina   | ant Representativ | ve Ref No.                | Do you wish for corre   | spondence to be issued   |                      |                          |
|             |                   |                           | to your representative  | e?                       | •                    |                          |
|             |                   |                           | ○ Yes ○ No              |                          | <b>(</b> )           |                          |
|             |                   |                           | - 163 - 140             |                          |                      |                          |

**NOTE:** This section contains the question 'Do you wish for correspondence to be issued to your representative?'. If you select Yes to this question, all further correspondence will be issued to both the complainant and the nominated representative. This does not apply to a Draft of the application, which can only go to one recipient.



## **Special Facilities**

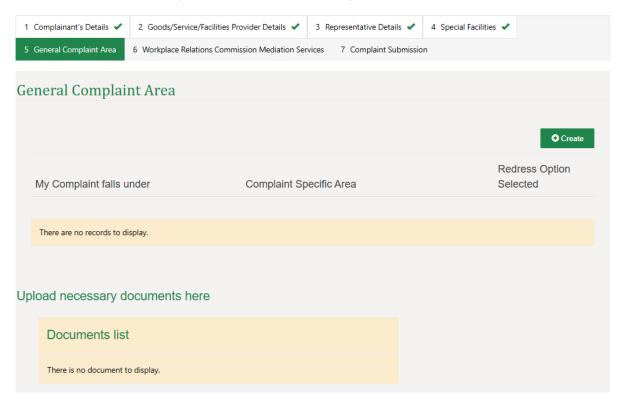
The Special Facilities section of the application allows for a complainant to fill in any details regarding extra needs they may have. If a complainant requires translation services to be involved, this is the area to enter those details. There are no required fields within this section.

| 1 Complainant's Details ✔                                | 2 Goods/Service/Facilities Provider Details 🗸                     | 3 Representative Details 🗸   | 4 Special Facilities |
|--|---|------------------------------|----------------------|
| 5 General Complaint Area                                 | 6 Workplace Relations Commission Mediation Ser                    | vices 7 Complaint Submission | 1                    |
|  |   |                              |                      |
| Special Facilities                                       | i i i i i i i i i i i i i i i i i i i                             |                              |                      |
| Should your complaint fal<br>facilities when attending a | II to be considered by an Adjudication Officer, wil<br>a hearing? | l you require any special    |                      |
| Yes  |   | ~                            |                      |
| Please provide details. A n<br>discuss your application  | member of our Information and Customer Service                    | s may be in contact to       |                      |
|  |   |                              |                      |
|  |   |                              |                      |
|  |   |                              |                      |
|  |   |                              |                      |
|  | 1750/1  | 750 characters remaining     |                      |
|  |   |                              |                      |

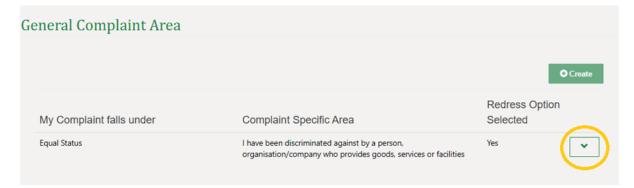
#### General Complaint Area

Within the General Complaint Area, you'll find the ability to submit specific complaints that are relevant to your application. Alongside this, you will also be able to upload any supplementary documentation for your application. In the case of an Equal Status complaint, there will be only one complaint option available.

In order to create a new specific complaint, click on the 'Create' button. This will take you to the Specific Complaints area (covered in the next section).



Once you have added a specific complaint, you can edit the complaint or delete it entirely using the drop-down options to the right of the complaint.



### **Specific Complaints**

Within the Specific Complaints section, for an Equal Status complaint you will be just given that option for your complaint.

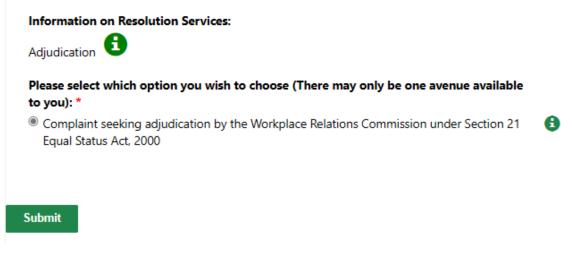
| Complaint Details                                |                               |  |
|--|-------------------------------|--|
| My complaint falls under (F                      | Please select from the drop o | down list below):  |
| Equal Status                                     |                               | ~  |
| My complaint more s                              | pecifically falls und         | der: *   |
| I have been discriminated services or facilities | against by a person, organisa | tion/company who provides goods,                               |
| Complaint Specific D                             | etails                        |  |
| I say that I have beer                           | n discriminated aga           | ainst by reason of my : *                                      |
| Gender   | Civil Status                  | Family Status  |
| Sexual Orientation                               | Religion                      | Race   |
| □ Age  | Disability                    | <ul> <li>Membership of the<br/>Travelling Community</li> </ul> |
| <b>—</b> • • • • •                               |                               |  |

You will then be presented with further questions that need to be answered in order to submit that complaint. Above is an example of the questions that are available to answer when submitting an Equal Status complaint.

Note: Not all of these questions will be mandatory. Any mandatory questions will be marked as \*.

The final thing that needs to be done when submitting a complaint will be to select the Resolution option for your complaint.

## Associated Resolution Options



In order to submit the specific complaint to your application, you need to select 'Submit' at the bottom of the page.

### **Mediation Services**

The WRC offers mediation services where it is applicable to the complaint being made. The Mediation Services section of the complaint application form provides information on this and there is then a required field for all complainants to complete. Unfortunately, due to the nature of the application, this field needs to be completed. However, Mediation Services can only be provided where it is applicable to the type of complaint.

| 1 Complainant's Details 🗸                                | 2 Goods/Service/Facilities Provider Details 🖌  | 3 Representative Details 🗸        | 4 Special Facilities ✔    |                       |
|--|--|-----------------------------------|---------------------------|-----------------------|
| 5 General Complaint Area 🗸                               | 6 Workplace Relations Commission Mediation   | Services 7 Complaint Submi        | ission                    |                       |
|  |  |                                   |                           |                       |
| Workplace Relati   | ons Commission Mediatior   | n Services                        |                           |                       |
| The Workplace Relations (<br>having to go to an Adjudica | Commission may be in a position to offer m<br>ation hearing.   | nediation in certain cases to     | facilitate the resolution | of complaints without |
| Mediation is a free, impart                              | ial, voluntary and confidential service. Both  | parties must agree to partic      | cipate.                   |                       |
| It can take place via teleph                             | none or face-to-face meetings, whichever th  | he WRC deems more appro           | priate.                   |                       |
| sign. This agreement is leg                              | mediation, the Mediation Officer will record<br>gally binding and confidential to the parties<br>a agreement, and the Mediator will keep a | . The case will be closed and     |                           |                       |
| If there is no resolution at take to move the case for   | mediation, the Mediation Officer will confirm<br>vard to Adjudication.   | n this in writing and will expl   | ain some additional ste   | eps you will need to  |
| For further information, ple                             | ease see our Pre-Adjudication Mediation FA   | AQs on our website www.wo         | rkplacerelations.ie       |                       |
| •  | d be willing to avail of mediation services to faci<br>n a position to offer these services in this case. *<br>Save As Draft               | litate the resolution of your con | nplaint/dispute should th | e Workplace           |
|  |  |                                   |                           |                       |

## **Complaint Submission**

The final page of the complaint application is seeking consent from complainants to be contacted by email. If No is selected here, all future correspondence will be by post only.

A declaration is also required to confirm that the information in the form is accurate.

| 1 Complainant's Details ✔                    | 2 Goods/Service/Facilities Provider Details ✔   | 3 Representative Details 🗸        | 4 Special Facilities 🗸       |                     |
|--|---|-----------------------------------|------------------------------|---------------------|
| 5 General Complaint Area 🗸                   | 6 Workplace Relations Commission Mediation      | Services 🗸 7 Complaint Su         | bmission                     |                     |
|  |   |                                   |                              |                     |
| Complaint Submis                             | ssion   |                                   |                              |                     |
| including the serving or given<br>O Yes O No | upreme Court judgment Zalewski [2021] IESC 2    | -                                 |                              |                     |
| Please note that all docume                  | ntation submitted, including correspondence a   | ddressed to the WRC, will be cir  | culated to all parties to th | e dispute. You have |
|  | her side's documentation as they have to see yo |                                   |                              |                     |
| I declare that, to the best                  | t of my knowledge, the information provided ir  | n relation to the complaint(s) ab | ove is accurate. *           |                     |
|  |   |                                   |                              |                     |
|  |   |                                   |                              |                     |

# Save as Draft Functionality

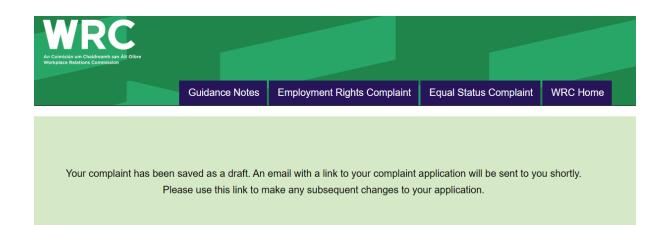
The Save as Draft functionality is one of the most prominent new features for the WRC online complaint form. It allows user to pause the completion of their application form and return to it from a link that is emailed to the complainant.

In order to be able to save your application as a draft, the following 3 fields needs to be completed on the 'Complainants Details' page of the application form. These are

- Country Code
- Contact Number (soon to be renamed 'Mobile Number')
- Email Address

| Title :                    | Firstname : *      |   |
|----------------------------|--------------------|---|
| Select                     | •                  |   |
| Surname : *                | Address Line 1 : * |   |
| Address Line 2 :           | Town : *           |   |
| County :                   | Country :          |   |
| Select                     | ✓ Ireland ✓        |   |
| Eircode / Postcode :       | Country Code       |   |
|                            | Select 🗸           | 8 |
| Mobile Number :            | E-mail :           |   |
| Provide a telephone number |                    | 8 |
| Nationality :              | Position Held : *  |   |
| Select                     | •                  | A |

Once the application has been saved, this ends the current application session, and the following message will appear.



In order to restart the application, the complainant needs to be click on the link that is emailed once they have saved the draft (please allow up to 20 minutes to receive the email). See below an example of the email.

Dear Test Name,

We would like to inform you that your WRC complaint form has been saved as a draft on our website.

To continue filling out the complaint form, please click on the following link:

https://ecomplaint.workplacerelations.ie/verification/?id=3e9b500d-c89a-ef11-8a6a-000d3aba4ef5

The link will be valid for the next 30 days from the date it was created. Once you are ready to submit the complaint, please ensure that you complete all the mandatory fields before submitting it.

Please Note: This is a one-time only link. Please do not attempt to retrieve this link a second time. You must save your application again if you wish to pause it.

Sincerely,

WRC Team

Once you click on the link, the complainant will be asked to authenticate themselves using the mobile number they entered in the Complainants Details page of the application. The first page of the authentication screen looks like the following:

| We have the following number on record for you. We can send a code via SMS to authenticate you. |        |
|---|--------|
|   |        |
| Contact Number :  |        |
| 08660.  |        |
|   |        |
|   |        |
|   |        |
| 5 kHzpcz  |        |
|   |        |
| Generate a new image  |        |
| Play the audio code   |        |
| Enter the code from the image   |        |
|   |        |
|   | Submit |

The code that is required on this page is to ensure no automated bots are attempting to access your data. Once this page is verified, a code is texted to the mobile number entered on the 'Complainants Details' page.

| Contact Number : 08 Verification Code * |                     | Enter your verification | code below |  |  |
|---|---------------------|-------------------------|------------|--|--|
|   | Verification Code * |                         |            |  |  |
|   |                     |                         |            |  |  |
|   |                     |                         |            |  |  |

If the code is successfully entered, the application is loaded back into the web browser.

#### Notes:

- Please be aware that the link in the email is the only way to retrieve your draft. This can also only be done once. This is due to the fact that the new complaint form is built using Microsoft Power Pages and involves the use of 'Session IDs'. For the purposes of protecting personal data, these Session IDs are unique and can only exist in one place a given time. So when the user retrieves the application from the link, the session is restored back into the web browser, and has gone from the email link. In order to get a new Save as Draft link, the complainant will need to resave the application from the web browser.
- If you are completing this application on behalf of someone else, please ensure to put your contact details into the 3 fields highlighted on the Complainants Details page below. Doing this ensures that you will be send the 'Save as Draft' link, and that you will be able to retrieve the application. Under the 'Representatives Details' page of the complaint form, there is an option for communications to go to both the Complainant and the Representative. However, for the Save as Draft links, it can only be sent to one location (as explained in the point above), to the email entered in these highlighted fields.

| Title :                    | Firstname : *      |   |
|----------------------------|--------------------|---|
| Select                     | ▼                  |   |
| Surname : *                | Address Line 1 : * |   |
| Address Line 2 :           | Town : *           |   |
| County :                   | Country :          |   |
| Select                     | Ireland     V      |   |
| Eircode / Postcode :       | Country Code       |   |
|                            | Select 🗸           | 6 |
| Mobile Number :            | E-mail :           | 1 |
| Provide a telephone number |                    | 6 |
| Nationality :              | Position Held : *  |   |
| Select                     | •                  | A |

# **Document Upload Functionality**

Another of the features of the of the new online complaint form, is the ability to upload supporting documents at the same time as completing the Complaint Application.

In order to do this, you need to go to the 'General Complaint Area' section of the application. From here, select 'Add Document'. This will take you to a information window where you can browse for the document and upload it.

**NOTE:** Once a document is uploaded, it can't be deleted. Please be aware of this when uploading.

| 311 | It Specific Area                | Keuress  | Option |
|-----|---------------------------------|--|--------|
| e   | Add Document                    | ,<br>,   | ×      |
| n   | Documents once u<br>submission. | ploaded cannot be deleted. Please be careful with your |        |
| e   | Note                            |  |        |
| er  | Attach a file                   | Choose File No file chosen                             |        |
|     |                                 | Submit Cance   | el     |

The following file types are allowed:

- Office files .docx, .xlsx, .pptx
- .pdf
- .txt
- Image files, .jpg, .jpeg, .png

Compressed files .zip etc. are not allowed to be uploaded. Video files, Recordings and executable files are not allowed to be uploaded by this method.

If you need to present such files you can discuss how this will be facilitated with the WRC Case officer assigned to your case.