



Labor Inspection Management Application (Lima)

Directorate of Inspection of Factories and Establishments
Ministry of Labor and Employment, Government of the People's Republic of Bangladesh

Home Forms Reports communication

complaint

Check the complaint status

Disclaimer: Submit factory and establishment related complaints here. Unsupported/invalid complaints are not acceptable.

All fields marked with an asterisk (*) are required.

Is the complaint pending in any court?

Is the complaint pending in any court?

☐ yes ☒ no

Details of complainant

name*

Provide the complainant's full name.

gender*

Select gender.

Select Complainant's Gender.

district*

Select the district.

Select the district.

Upazila/ Police station*

Select Upazila/Thana.

Select Upazila/Thana.

Village/Mahalla/Ward*

Provide village/mahalla/ward of the complainant.

post office

Provide the post office of the complainant.

the road

Provide directions to the complainant.

House/Holding no*

Provide House/Holding No. of Complainant.

mobile number*

015XXXXXXX

Provide mobile number of complainant.

Alternate mobile number*

015XXXXXXX

Provide mobile number of complainant.

e-mail

example@gmail.com

Provide complainant's e-mail.

NID No

Enter Complainant's National ID number here.

address

Village/Mahalla/Street/Road No./House No./Post Office

Location of Complainant in Factory/Establishment/Shop

Type of complainant*

Select Complainant Type.

Select Complainant Type.

Complainant's ID No./Card No

Enter Complainant's ID Number/Card Number here.

last name

Provide the name of the complainant.

Date of joining service

The date on which the complainant joined the service.

Date of termination from employment (if any)

If the complainant has retired from service.

Trade union/ labor organization information

Whether the complaint is made through any trade union/ labor organization?

☐ yes ☒ no

Details of Factory/Establishment/Shop

Name of Factory/Establishment/Shop*

Name of Factory/Establishment/Shop

Factory/Establishment/Shop Department*

Select category.

Select category.

Factories/Establishments/Shops District*

Select the district.

Select the district.

Factory/Establishment/Shop Upazila/Thana

Select Upazila/Thana.

Select Upazila/Thana.

Village/Mahalla/Ward*

Provide Village/Mahalla/Ward of Factory/Establishment/Shop.

post office

Provide post office of factory/establishment/shop.

House/Holding no

Provide Factory/Establishment/Shop House/Holding No.

Address of Factory/Establishment/Shop

Provide Address of Factory/Establishment/Shop.

complaints about

about which one wishes to complain.

Complaint about his mobile number

015XXXXXXX

Provide the mobile number of the person about whom you wish to complain.

Details of complaint

Type of complaint*

Select the complaint type.

- | | | |
|--|---|--|
| <input type="checkbox"/> other | <input type="checkbox"/> wrongfully dismissed | <input type="checkbox"/> Conflict at work |
| <input type="checkbox"/> Workplace violence | <input type="checkbox"/> Working hours and holidays | <input type="checkbox"/> welfare measures |
| <input type="checkbox"/> Misbehavior / abuse | <input type="checkbox"/> Recruitment and conditions of employment | <input type="checkbox"/> Occupational Accidents and Compensation |
| <input type="checkbox"/> Occupational safety | <input type="checkbox"/> Occupational health | <input type="checkbox"/> Collection of Salary / Wages and Dues |
| <input type="checkbox"/> Maternity benefits | <input type="checkbox"/> sexual harassment | <input type="checkbox"/> Child and Adolescent Workers |
| <input type="checkbox"/> child labor | <input type="checkbox"/> Social security | <input type="checkbox"/> Safety Committee |

Complaint details/details*

Provide complaint details/details here.

attachment

Attachment type (jpg, jpeg, png) || Video Type (mp4, webm, flv, wmv, avi, mpg, mpeg, Ogg, mkv) || File Type (pdf, doc, docx, xls, xlsx, txt)

Attachment title

Choose File No file chosen

+Add multiple attachments

Complainant unwilling to reveal his name?

☐ yes ☒ no

If anonymous, your personal information will be kept confidential.

☒ I agree to all terms

Captcha*

Please enter the image caption in the box below. It is case sensitive.

Enter the image text here

Click on submit button to submit your complaint.

reset

filed

Conditions

[Home](#) [Online license application](#)

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Whoops, looks like something went wrong.