

THIS CLAIM WILL BE RETURNED IF A CLAIM AMOUNT AND A CLAIM PERIOD ARE NOT PROVIDED.

FILING THIS COMPLAINT DOES NOT GUARANTEE PAYMENT OR A FINDING IN YOUR FAVOR.
PLEASE ATTACH PAY STUB(S).

YOUR REASON FOR FILING CLAIM	PERIOD OF CLAIM Month/Day/Year to Month/Day/Year		CALCULATE THE AMOUNT CLAIMED	AMOUNT CLAIMED
UNDERPAID WAGES			EXAMPLE: MW= 40 HOURS X \$7.75/HR.	
HOURLY				
TIPS				
TOTAL GROSS (BEFORE TAX DEDUCTIONS) AMOUNT CLAIMED				
ARE YOU FILING A COMPLAINT FOR PAY STUBS OR WAGE STATEMENTS YOU DID NOT RECEIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DATES YOU DID NOT RECEIVE A PAY STUB OR WAGE STATEMENT:				

PLEASE ANSWER THE FOLLOWING QUESTIONS		
	YES	NO
HAVE YOU FILED A LAW SUIT AGAINST THE EMPLOYER ON THE ISSUES OF THIS CLAIM?		
IF CLAIMING FRINGE BENEFITS, WAS A WRITTEN POLICY OR CONTRACT IN EFFECT DURING YOUR EMPLOYMENT? IF YES, PLEASE ATTACH A COPY OF THE WRITTEN POLICY OR CONTRACT.		
IS/WAS YOUR EMPLOYMENT COVERED BY A UNION CONTRACT? IF YES, PLEASE ATTACH A COPY OF THE CONTRACT.		

CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS IS A TRUE STATEMENT OF WAGES DUE TO ME. I WILL INFORM THE DEPARTMENT IF ANY OF THE FOLLOWING OCCUR: CHANGE OF NAME, ADDRESS, AND/OR TELEPHONE NUMBER FOR MYSELF AND/OR EMPLOYER, OR A DIRECT PAYMENT AND/OR SETTLEMENT OF THE CLAIM.	
SIGNATURE OF COMPLAINANT:	DATE: