

## What types of worker rights complaints can L&I accept?

L&I accepts complaints on the *Worker Rights Complaint Form* for. . .

### In Section C of the form:

- Unpaid minimum wages, overtime, final pay, or hours worked.
- Payroll deductions you did not agree to, not including deductions for required taxes.
- Unpaid tips, gratuities, service charges.
- Paid sick leave.

① **IMPORTANT:** *If we find that your employer owes you money, we cannot guarantee that we will be able to collect it for you. Also, you have **three years** from the payday your wages were due to file your complaint. Please keep this in mind when you decide to file your complaint with us.*

### In Section D of the form:

- Meal or rest periods not given.
- Violations of child labor laws.
- Healthcare employee overtime rules were not followed.
- Employer retaliated against me.

On separate complaint forms, L&I also accepts for the following complaints. . .

*Prevailing Wage Complaint form* ([F700-146-000](tel:700-146-000)) for prevailing wage violations.

*Protected Leave Complaint form* ([F700-144-000](tel:700-144-000)) for family leave, family care, leave for victims of domestic violence, sexual assault or stalking, spouse military leave, leave for voluntary firefighters on the scene.

See the L&I Workplace Rights website for filing the various workplace rights complaints at [www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights). See the section titled "Complaints/Discrimination".

### We do **not** accept wage complaints against. . .

- A business of which you own at least 20% and actively manage.
- A business that owes money to a company you own.
- Employers who have filed for bankruptcy. You may file a "Proof of Claim" with the US Bankruptcy Court.

### Or when it's about. . .

- Unpaid vacation, holiday pay, severance pay, or reimbursement for expenses including fuel.
- If you are claiming wages for hours worked out-of-state for a non-Washington employer.
- Bank fees you paid because your employer's check bounced.
- A case you have already filed in court.

## How to file your wage complaint:

- Complete and sign the attached form, use a sheet of paper if you need more space to explain your complaint.
  - Attach any information or records, such as time sheets or cards, calendars, or any personal records you have that show the days and hours you worked and what tasks you did. **This is very important to help us understand your complaint.**
  - Mail or bring the form and records to the L&I office in the county where the business is located. See back of page.
- ① **IMPORTANT:** *If you are moving, have a new telephone number, or are hiring an attorney, let us know right away. Call the local office where you filed your complaint or 1-866-219-7321. If we can't contact you, this may delay the investigation or prevent us from being able to help you.*

## If we can accept your complaint, we will:

- Assign an Industrial Relations Agent to investigate your complaint. In most cases, L&I must tell your employer that you filed a complaint and send a copy of your complaint to the employer.
  - Make a decision on your complaint within 60 days **OR** if we have good cause, notify you that we require more time.
- ① **IMPORTANT:** *If we cannot take your complaint, you have the right to either contact a private attorney OR file a suit in Small Claims Court for up to \$5000.*
- [www.courts.wa.gov/newsinfo/resources/broc-hure\\_scc/smallclaims.doc](http://www.courts.wa.gov/newsinfo/resources/broc-hure_scc/smallclaims.doc)

## Where to file your complaint

<b>In person:</b>		<b>OR</b>	<b>By mail:</b>	
Bring your completed form to the L&I office located in the same county where your employer's business is:			Mail the original of your completed form to the L&I office located in the same county where your employer's business is. Write on the envelope: <i>"Industrial Relations Agent, Dept. of Labor &amp; Industries,"</i> then the address of the office you selected.	
<b>L&amp;I Offices</b>				
County where you worked	Use this L&I office(s)	Address		Phone Number
Island	Mount Vernon	525 East College Way Suite H Mount Vernon WA 98273-5500		360-416-3000
San Juan	Bellingham	1720 Ellis Street Suite 200 Bellingham WA 98225-4647		360-647-7300
Skagit				
Whatcom				
Snohomish	Everett	729 100 <sup>th</sup> Street SE Everett WA 98208-3727		425-290-1300
King	Bellevue	616 120 <sup>th</sup> Avenue NE Suite C-201 Bellevue WA 98005-3037		425-990-1400
	Tukwila	12806 Gateway Drive S Tukwila WA 98168-3346		206-835-1000
Pierce	Tacoma	950 Broadway Suite 200 Tacoma WA 98402-4453		253-596-3945
Clallam	Silverdale	10049 Kitsap Mall Blvd Suite 100 Silverdale WA 98383		360-308-2800
	Sequim	542 W Washington Street Sequim WA 98392		360-417-2700
Jefferson	Olympia	PO Box 44810 Olympia WA 98504-4810 7273 Linderson Way SW Tumwater WA 98501		360-902-5799
	Aberdeen	415 Wishkah Street Suite 1-C Aberdeen WA 98520-0013		360-533-8200
Pacific*				
Clark	Vancouver	312 SE Stonemill Drive Suite 120 Vancouver WA 98684-6982		360-896-2300
Klickitat				
Skamania				
Cowlitz	Kelso	711 Vine Street Kelso WA 98626-2650		360-575-6900
Pacific*				
Wahkiakum				
Adams*	Union Gap	1205 Ahtanum Ridge Drive Suite C Union Gap WA 98903		509-454-3700
Grant* (south of I-90)				
Kittitas				
Yakima				
Benton	Kennewick	4310 West 24 <sup>th</sup> Avenue Kennewick WA 99338-1992		509-735-0100
Columbia				
Franklin				
Walla Walla				
Chelan	East Wenatchee	519 Grant Road East Wenatchee WA 98802-5459		509-886-6500
	Moses Lake	3001 West Broadway Avenue Moses Lake WA 98837-2907		509-764-6900
Douglas				
Grant (north of I-90)				
Okanogan				
Adams* (SE)	Spokane	901 North Monroe Street Suite 100 Spokane WA 99201-2149		509-324-2600
	Pullman	PO Box 847 Pullman WA 99163-0847 1250 Bishop Blvd SE Suite G Pullman WA 99163		509-334-5296
Asotin				
Ferry				
Garfield				
Lincoln				
Pend Oreille				
Spokane				
Stevens				
Whitman				

# Worker Rights Complaint Form

Employment Standards Program  
360-902-5316 or 1-866-219-7321

WA Unified Business Identifier (UBI):	
CATS #:	NAICS #:

A: Worker Information			
Language Preference (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other:			
Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security Number (optional)	Home Phone Number	Cell Phone Number
Home Address	Complaint is for this period of time From: _____ To: _____	Your Pay Rate \$ _____	
City _____ State _____ Zip Code _____	Date you began work with this employer	Are you still employed with company <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	If not still with this employer, last date employed	Reason for leaving job <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't Know	
What kind of work did you do?			

B: Employer Information			
Name of Company		Name of Company Owner, Manager, or Supervisor	
Company Mailing Address		Company Phone Number	Company Cell Phone Number
City _____ State _____ Zip Code _____	Company Fax Number		Company Email Address, if known
Address where you worked if not at the above address		Type of Company (for example: construction, restaurant, janitorial)	
City _____ State _____ Zip Code _____	Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

C: Wage Complaint Information (Skip to Section D if your complaint is <i>not</i> about wages.)			
Ⓜ <b>Important:</b> If you or your attorney have already filed a complaint about these wages in court, we <b>cannot</b> accept your claim.			
What type of complaint are you filing? You may check more than one box below. <input type="checkbox"/> Final wages not paid <input type="checkbox"/> Overtime not paid <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Willful failure to pay agreed wages <input type="checkbox"/> Money taken out of my paycheck (not taxes) without my permission* <input type="checkbox"/> Unpaid tips, gratuities, service charges <input type="checkbox"/> Paid with NSF check (bounced check) <input type="checkbox"/> Paid sick leave (also see Section E) <input type="checkbox"/> Hours worked not paid		Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room.  <i>If you have copies of any records that will help us understand your complaint, please attach them to this form.</i>	
What wages do you believe are owed to you?			
Rate of pay per	Hour	Day	Week
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rate of pay per:	Piece rate	Commission	Sq. Ft.
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flat rate	Other (specify)		
<input type="checkbox"/>	<input type="checkbox"/>		
Wages owed:	For how many hours?	Partial payment received?	What pay is owed to you before taxes?
From: _____ To: _____	_____	\$ _____	\$ _____
Reason employer gave for not paying you:			

<b>C: Wage Complaint Information (Continued)</b>			
Check the box(es) below to show what records you are attaching to support your claim: <input type="checkbox"/> Written wage agreement <input type="checkbox"/> Payroll check stubs <input type="checkbox"/> Shift schedules <input type="checkbox"/> Copies of bad checks <input type="checkbox"/> Personal time records <input type="checkbox"/> Employee handbook <input type="checkbox"/> Time card or copy <input type="checkbox"/> Sick leave records <input type="checkbox"/> Attendance rosters <input type="checkbox"/> Other: <input type="checkbox"/> Log books		Have you ever asked your employer for your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", on what dates did you ask?	When was the scheduled payday for the wages you are claiming?
<i>Note: We also will be asking your employer for records.</i>		How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily	Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what is your union's name?
Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are overtime hours recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach copies.
Do you have an attorney who has filed an action in court to collect these wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", we cannot accept your complaint.	Do you owe your employer any money? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", amount owed: \$ _____ Why: _____	Do you have any property belonging to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list: _____	
Were you under 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a copy.		
If under 18 when you started work for this employer, date of birth: _____	Were other workers affected? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____		

<b>D: Non-Wage Complaint Information</b>	
What type of non-wage complaint are you filing? <input type="checkbox"/> Child labor laws were violated. (For example: employer hired under-aged workers or did not follow working-hours rule for teen workers.) <input type="checkbox"/> Employer did not provide required time for meal periods <input type="checkbox"/> Employer did not provide required time for rest periods. <input type="checkbox"/> Employer did not pay for work uniform. <input type="checkbox"/> Healthcare employee overtime rules were not followed. <input type="checkbox"/> Employer retaliated against me. <input type="checkbox"/> Other:	Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room.           <i>If you have copies of any records that will help us understand your complaint, please attach them to this form.</i>

<b>E: Alleged Type of Paid Sick Leave Violation</b>	
<input type="checkbox"/> Not allowing me to use sick leave. <input type="checkbox"/> Not compensating me for paid sick leave used. <input type="checkbox"/> Not allowing me to carry over the unused paid sick leave. <input type="checkbox"/> Not providing me regular notification of the paid sick leave balance. <input type="checkbox"/> Other:	When did you ask for leave? _____ How much leave did you have in the bank? _____

<b>F. If We Cannot Reach You. . .</b>		
ⓘ <b>We need contact information for someone who will always know how to reach you.</b> (Please don't write your own address or phone number.)		
Your Contact's Name		
Address		
City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number

**REQUIRED WORKER'S SIGNATURE**

By submitting this form, I am confirming the information provided is accurate and true. I am also agreeing to cooperate and communicate with my assigned investigator. My name on this form below constitutes my signature.

Signature (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

For more information about your workplace rights and responsibilities in Washington, to go:  
[www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights)