

Worker Rights Complaint Form Instructions

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.

In Section D of the form:

- Meal or rest periods not given.
- Violations of child labor laws.
- RN or LPN overtime law not followed.

! **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.*

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

Prevailing Wage Complaint form # F-700-146-000 for prevailing wage violations.

Protected Leave Complaint form # F-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 L&I Workplace Rights website for filing the various workplace rights complaints:

www.Lni.wa.gov/WorkplaceRights/. See the section titled: "Complaints/Discrimination"

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

- A business in which you are a part owner (including family-owned).
- 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 or sick leave, 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 sheet.)

! **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.

! **IMPORTANT:** *If we cannot take your complaint, you have the right to either contact a private attorney OR file suit in Small Claims Court for up to \$5000. www.courts.wa.gov/newsinfo/resources/brochure_scc/smallclaims.doc*

Where to file your complaint.

In person:

Bring your completed form to the L&I office located in the same county where your employer's business is:

Or

By mail:

Mail the original of your completed form to the L&I office located in the same county your employer's business is. Write on the envelope: *Industrial Relations Agent, Dept. of Labor & Industries*, then the address of the office you selected.

L&I Offices in Washington

County where you worked.	Use this L&I office(s).	Address	Phone number
Island San Juan Skagit Whatcom	Mount Vernon	525 East College Way, Suite H Mount Vernon, WA 98273-5500	360-416-3000
	Bellingham	1720 Ellis Street, Suite 200 Bellingham, WA 98225-4647	360-647-7300
Snohomish	Everett	729 – 100th Street S.E. Everett, WA 98208-3727	425-290-1300
King	Seattle	315 5th Avenue S., Suite 200 Seattle, WA 98104-2607	206-515-2800
	Bellevue	616 120th Avenue N.E., Suite C-201 Bellevue, WA 98005-3037	425-990-1400
	Tukwila	Or: P.O. Box 69050, Seattle, WA 98168-1050 12806 Gateway Drive, Tukwila, WA 98168-3346	206-835-1000
Pierce	Tacoma	950 Broadway, Suite 200 Tacoma, WA 98402-4453	253-596-3945
Clallam Jefferson Kitsap	Bremerton	500 Pacific Avenue, Suite 400 Bremerton, WA 98337-1943	360-415-4000
	Port Angeles	1605 East Front Street, Suite C Port Angeles, WA 98362-4628	360-417-2700
Grays Harbor Lewis Mason Thurston Pacifi* ^c	Olympia	Or: P.O. Box 44510, Olympia, WA 98504-4510 7273 Linderson Way S.W., Tumwater, WA 98501	360-902-5313
	Aberdeen	Or: 415 Wishkah Street, Suite 1-B, Aberdeen, WA 98520-0013	360-533-8200
Clark Klickitat Skamania	Vancouver	312 S.E. Stonemill Drive, Suite 120 Vancouver, WA 98684-6982	360-896-2300
Cowlitz Pacifi* ^c Wahkiakum	Kelso	711 Vine Street Kelso, WA 98626-2650	360-575-6900
Adams* Grant* (South of I-90) Kittitas Yakima	Yakima	15 West Yakima Avenue, Suite 100 Yakima, WA 98902-3480	509-454-3700
Benton Columbia Franklin Walla Walla	Kennewick	4310 West 24th Avenue Kennewick, WA 99338-1992	509-735-0100
Chelan Douglas Grant* (North of I-90) Okanogan	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
Adams* (S.E.) Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Spokane	901 North Monroe Street, Suite 100 Spokane, WA 99201-2149	509-324-2600
	Colville	298 South Main, Suite 203 Colville, WA 99114-2416	509-684-7417
	Pullman	Or: P. O. Box 847, Pullman, WA 99163-0847 1250 Bishop Blvd. S.E., Suite G, Pullman WA 99163	509-334-5296



Employment Standards Program
 Department of Labor & Industries
 PO Box 44510
 Olympia WA 98504-4510
 360-902-5316 or 1-866-219-7321

Worker Rights Complaint

For L&I use only

WA Unified Business Identifier (UBI):	
ESCH #:	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 <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other _____			
Your name (last, first, middle initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security #	Home phone #	Your cell phone #
Home address	Complaint is for this period of time: From: _____ To: _____		Your pay rate \$ _____
City _____ State _____ Zip _____	Date you began work with this employer:	If not still employed with this company, what was your last day?	
E-mail address	Are you still employed w/this company: <input type="checkbox"/> Yes <input type="checkbox"/> No	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 #	Cell phone #	
City _____ State _____ Zip _____	FAX #	E-mail, if known	
Address where you worked if not at the above address	Type of company (For example: construction, restaurant, janitorial.)		
City _____ State _____ Zip _____	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 *not* about wages.)

! **Important:** If you or your attorney have already filed a complaint about these wages in court, we **cannot** 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"/> Hours worked not paid <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Overtime not paid <input type="checkbox"/> Money taken out of my paycheck (not taxes) without my permission* <input type="checkbox"/> Willful failure to pay agreed wages <input type="checkbox"/> Paid with NSF check (bounced check). <small>* If you had a written agreement with your employer to deduct wages from your paycheck that wasn't followed correctly, we will need a copy.</small>	Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room. <small>If you have copies of any records that will help us understand your complaint, please attach them to this form.</small>
What wages do you believe are owed to you?	
Rate of pay per: Hour Day Week Month \$ _____	Other rate of pay per: Piece rate Commission Sq ft Flat rate Other (Specify) \$ _____
Wages owed: From: _____ To: _____	For how many hours? _____
Partial payment received? \$ _____	What pay is owed to you before taxes? \$ _____
Reason employer gave for not paying you:	



C: Wage Complaint Information (Section C continued)

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"/> Log books <input type="checkbox"/> Shift schedules <input type="checkbox"/> Payroll check stubs <input type="checkbox"/> Personal time records <input type="checkbox"/> Copies of bad checks <input type="checkbox"/> Time card or copy <input type="checkbox"/> Employee handbook <input type="checkbox"/> Attendance rosters <input type="checkbox"/> Other _____	Have you 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?
Note: We also will be asking your employer for records.		
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 have a written employment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy.		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 an attorney who has filed an action in court to collect these wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes, we cannot accept your complaint.		Do you have any property belonging to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list.
Do you owe your employer any money? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount owed. \$ _____ Why? _____		
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 copy.		
If under 18 when started work for this employer, date of birth: _____		Were other workers affected? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____

D: Non-Wage Complaint Information

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 rules 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 didn't pay for work uniform. <input type="checkbox"/> RN or LPN nurse overtime rules were not followed. <input type="checkbox"/> Other: _____	Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room. If you have copies of any records that will help us understand your complaint, please attach them to this form.
--	---

E: If we cannot reach you...

! **We need contact information for someone who will always know how to reach you.**
 (Please don't write in your own address or phone #.)

Your contact's name		
Address		
City	State	Zip
Phone number	Cell phone #	Work phone #

F: Worker Signature
 (required)

To the best of my knowledge, the information I have entered on this form is true and accurate.

Signature	Date
-----------	------