



Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
360-902-4930 or 866-219-7321

Protected Leave Complaint

WA Unified Business Identifier (UBI):

CATS #:

Types of Protected Leave:

- Family Care Act
- Military Spousal Leave
- Emergency Service Personnel Leave
- Domestic Violence Leave

For complete explanations and requirements see <https://lni.wa.gov/workers-rights/workplace-complaints/protected-leave-complaints>

In most cases, L&I will give the employer your name and a copy of your complaint. The affected individual must file as L&I does not accept anonymous complaints or complaints filed on someone else's behalf.

To file your Protected Leave Complaint

- Print and mail to the
Department of Labor and Industries
PO Box 44510
Olympia, WA 98501-5414 Or
- Email the form and all attached documents to: PROTECTEDLEAVE@lni.wa.gov

A. Worker Information

Preferred Language:

- English Spanish Cambodian Chinese Simplified Chinese Traditional
 Korean Laotian Vietnamese Other:

Name (First Middle Last Name)

Home Address City State Zip Code

Phone Number

Cell Number

Email Address

Social Security Number: We require this information and if you are uncomfortable including your Social Security Number on this form, we can acquire this upon contact: _____ - _____ - _____

Secondary Contact or Guardian Name

Secondary Contact or Guardian Phone Number

Complaint period start date

Complaint period end date

Employment start date

Are you still employed with this company? Yes No If not, last date worked _____

Reason for leaving: Fired Quit Laid Off Don't know Other _____

Briefly describe the work you performed:

B. Employer Information

Name of Company		Company Owner/Contact Name	
Mailing Address	City	State	Zip Code
Address where you worked if different	City	State	Zip Code
Company Phone Number	Cell Number	Fax Number	
Email address, if known	Type of Company (i.e. construction, restaurant, janitorial)		
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. Type of Leave Requested (check appropriate box for type of complaint)

Type of Leave requested: <input type="checkbox"/> Family Care Act (FCA) <input type="checkbox"/> Military Spousal Leave <input type="checkbox"/> Emergency Service Leave (ESL) <input type="checkbox"/> Domestic Violence Leave
Alleged Type of violation: <input type="checkbox"/> Leave denied <input type="checkbox"/> Discrimination/Retaliation <input type="checkbox"/> Failure to have required poster <input type="checkbox"/> Violation of confidentiality <input type="checkbox"/> Failure to allow the choice of leave (paid or unpaid) <input type="checkbox"/> Failure to restore to same/equivalent position <input type="checkbox"/> Failure to provide reasonably safety accommodation <input type="checkbox"/> Other: _____
Did you request leave from your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date requested: _____
Dates you took or attempted to take leave: _____
Explain the situation in detail. Attach additional sheets if more room is needed:

D. Signature

- By submitting this form, I hereby affirm & attest that the following is true and accurate to the best of my knowledge and that my name on this form constitutes my signature.

Signature (Print or Type)

Date