

Under the Equal Pay and Opportunities Act (EPOA) pay and career advancement opportunities cannot be based on gender. EPOA prohibits gender pay discrimination and promotes fairness among workers by addressing business practices that contribute to gender pay gaps. Employees and applicants have different rights under this law.

Who can file a complaint?

As an **employee**, you can file a complaint if your employer (or former employer) has:

- Provided you with unequal compensation compared to other employees who are similarly employed, based on gender.
- Limited or denied career advancement opportunities, based on gender.
- Prohibited you from discussing wages.
- NOT provided you with wage or salary information for your new position after you were offered an internal transfer or promotion and requested the information. (Applies to employers with 15 or more employees only)
- Retaliated against you for filing a complaint, testifying in an EPOA proceeding, or exercising your rights under EPOA.

As an **applicant**, you can file a complaint if an employer with whom you have applied for a job has:

- Sought your wage or salary history.
- Required your wage or salary history meet certain criteria, such as requiring that you made a minimum salary previously in order to be eligible to apply for a new position.
- NOT provided you with the minimum wage or salary of the position you applied for after you were offered the position and requested the information. (Applies to employers with 15 or more employees only)

For more information, go to: www.Lni.wa.gov/EqualPay

How to file an Equal Pay and Opportunities Act complaint:

- Complete and sign the attached form. Attach a separate sheet of paper if you need more space to explain your complaint.
 - Attach any additional information or records related to your complaint, such as pay statements, personnel information, or employer correspondence (including emails and text messages). **This is very important to help us understand your complaint.**
 - Mail your complaint form to:
Department of Labor and Industries
Employment Standards
PO Box 44510
Olympia, WA 98504-4510

Or
Bring your complaint form to your nearest L&I office.
- ! Important:** If you move or get a new phone number after filing a complaint, call L&I right away at 1-866-219-7321 to prevent delays in the investigation.

What happens after you file a complaint?:

L&I will review the information you provided to determine if your complaint can be investigated. If so, we will:

- Assign an Industrial Relations Agent to investigate your complaint. Due to the nature of this law, L&I will need to tell the employer that you filed a complaint.
 - If we determine that you are owed money, L&I will attempt to collect the money owed; however, we cannot guarantee that we can collect it for you.
- ! Important:** You also have the right to file private legal action against an employer for violations of this law. However, L&I cannot investigate the complaint if a civil complaint is filed in court.



Equal Pay and Opportunities Act Complaint

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

WA Unified Business Identifier (UBI):	CATS #:	NAICS #:
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A: Worker Information

Language Preference			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Korean
<input type="checkbox"/> Chinese Simplified	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other:
Name (Last, First, MI)		Social Security Number (optional)	
Home Phone Number	Cell Phone Number	Email Address	
Home Address Street	City	State	Zip Code
Starting Date with this Employer	Are you still employed with this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, last date employed	
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't Know/Other:			
What kind of work do you or did you do for this employer:			

B: Employer Information

Name of Company		Name of Company Owner, Manager, or Supervisor	
Company Phone Number	Company Cell Number	Company Fax Number	Company Email Address, if known
Company Mailing Address Street	City	State	Zip Code
Address where you worked if not the same as above Street	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: Equal Pay and Opportunities Act Complaint:

Select the violations of employee rights that you believe occurred:		
<input type="checkbox"/> Unequal compensation, based on gender	<input type="checkbox"/> Prohibited Wage discussion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Limited or denied career advancement opportunities, based on gender		
<input type="checkbox"/> Not providing wage or salary information of a new position or promotion		
Select the violations of applicant rights that you believe occurred:		
<input type="checkbox"/> Seeking wage or salary history		
<input type="checkbox"/> Requiring wage or salary history to meet criteria		
<input type="checkbox"/> Not providing minimum wage or salary information of a new position		
Please attach additional documentation to explain your complaint in more detail		

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

REQUIRED WORKER'S SIGNATURE

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

Signature _____ Date _____

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