

## ***What you need to know about filing a Equal Pay & Opportunities Act Complaint***

The Equal Pay and Opportunities Act (EPOA) prohibits pay discrimination and promotes fairness by addressing business practices that contribute to pay gaps and unfair promotion opportunities because of the worker's gender or status in a protected class. Under the law, your pay and career advancement opportunities cannot be limited based on your perceived gender or a membership in a protected class. Employees and job 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 similarly employed employees, based on your gender or membership in another protected class under the law.
- Limited or denied career advancement opportunities, based on your gender or membership in another protected class under the law.
- 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)
- NOT provided you with the wage and salary range, benefits, and other compensation on an internal job posting. (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 a job **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 wage or salary range, benefits, and other compensation on a job posting. (Applies to employers with 15 or more employees only)

**Important:** A person is only considered an "applicant" for the specific posting they applied for, not for every available job of the employer. L&I will investigate complaints filed by applicants who have applied for a job in good faith with the intent of gaining employment. L&I generally only assesses damages when an applicant can establish they have suffered a financial loss as a result of a violation of the law.

For more information, go to: [www.Lni.wa.gov/EqualPay](http://www.Lni.wa.gov/EqualPay)

### **How to file a complaint:**

- Complete and sign the attached form. Attach a separate sheet of paper if you need more space to explain your complaint.
- Review the form. Make sure the information is as complete and accurate as possible.
- Save the form. Change the default file name so you can find it easily. If you are using a public or shared computer, be sure to save it to a safe location like a thumb drive or a secured folder. If that is not possible, make sure you delete the file after you have completed the next step.
- Submit the form to our [secure file upload](#). You can use this link to send us documents, photos, and other supporting information such as pay statements, personnel information, or employer correspondence (including email and text messages) along with this form.

Or you can 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.

**Continue to next page for form.**



## Equal Pay & Opportunities Act Complaint

Employment Standards

360-902-5316 or 1-866-219-7321

### Section A – My Information

Preferred Language:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese Simplified
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese Traditional
<input type="checkbox"/> Other:			
Gender			
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary / Gender nonconforming
<input type="checkbox"/> Prefer not to state		<input type="checkbox"/> Other:	
Protected Class			
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Martial Status	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Race	<input type="checkbox"/> Creed	<input type="checkbox"/> Color	<input type="checkbox"/> National origin
<input type="checkbox"/> Citizen or Immigration status		<input type="checkbox"/> Honorably discharged veteran or military status	
<input type="checkbox"/> Presence of any sensory/mental/physical disability		<input type="checkbox"/> Use of a trained guide dog or service animal	
Name (As it appears on your ID – First Middle Last Name)			
Mailing Address		City	State      Zip Code
Phone Number	Email Address		
Secondary Contact Name		Secondary Contact Phone Number	
Are you an employee or an applicant?	Did you apply to an available position?	Have you ever been employed by this employer?	
<input type="checkbox"/> Employee <input type="checkbox"/> Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date with this Employer	Are you still employed with the employer?	If "No", last date employed	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 do?			

### Section B – Employer Information

Name of Company (Business Name)	Company Contact (Owner, Manager, or Supervisor) Name		
Address Where You Worked	City	State	Zip Code
Company Mailing Address (if different from where you worked)	City	State	Zip Code
Company Phone Number	Company Email Address		
Type of Business (for example: construction, restaurant, etc.)	Is the employer still in business?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Bankrupt		

Briefly describe the situation

## Section C – Equal Pay and Opportunities Act Complaint

Please attach additional documentation to explain your complaint in more detail.

Select the violation of **employee** rights that you believe occurred:

- ☐ Unequal compensation based on your perceived gender or membership in another protected class
- ☐ Limited or denied career advancement opportunities based on your perceived gender or membership in another protected class
- ☐ Prohibited wage discussion
- ☐ Retaliation
- ☐ Not providing wage or salary range of an internal transfer to a new position or promotion offered by the employer upon request of the employee
- ☐ Not providing wage or salary range, benefits, and other compensation on an internal job posting  
Required a valid driver's license as a condition of employment when driving was not an essential job function or related to a legitimate business purpose for the position.

Select the violations of **applicant** rights that you believe occurred (mark all that apply):

- ☐ Seeking wage or salary history
- ☐ Requiring wage or salary history to meet criteria
- ☐ Not providing wage or salary range, benefits, and other compensation on a job posting  
Required a valid driver's license as a condition of employment when driving was not an essential job function or related to a legitimate business purpose for the position.

## Section D – 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 constitutes my signature.

Signature (Print or Type)

Date