

## COMPLAINT REPORT

The Department can accept only those claims that fall within the scope of the law. In order to make this determination, it is necessary to complete the attached "Complaint Report" form. An Industrial Relations Agent will review the information provided to determine if the complaint can be processed.

Fill in the form as completely as possible to provide the Department with the information necessary to substantiate the complaint. If necessary, use a separate sheet of paper for recording this information. Failure to fill the form out completely will delay the processing or acceptance of the complaint. Additionally, complaint forms are processed by the Agent that handles the *county* in which the *employer* is located. **Please be sure you mail your form to the correct L&I service location.** (The address listed on the complaint form is for the Olympia service location only.)

You should provide your name, address and telephone number. If you do not want this information disclosed based on the criteria set out below in RCW 42.17.310(1)(e), please mark box number 27 requesting such on the back of the form. If releasing your identity is not a concern, or you do not meet the criteria set out in RCW 42.17.310(1)(e) exempting you from disclosure, please mark box number 28 on the back of the form. The Department will not offer this information to any person or organization; however, based on court precedent and RCW 42.17, the Public Disclosure Act, we cannot guarantee that your name, address and telephone number will be kept confidential. If this is a serious concern, please arrange to discuss your concerns with an Industrial Relations Agent. You may supply information regarding violations of the wage and hours laws without identifying the source of that information or yourself; however, the Department would make the determination to proceed based upon Departmental policy.

In addition to the information requested on the "Complaint Report" form, if the complaint is wage-related, you must provide documentation which supports the complaint.

[RCW 42.17.310 Certain personal and other records exempt. (1) The following are exempt from public inspection and copying: "..... (e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the public disclosure commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim or witness indicates a desire for disclosure or nondisclosure, such desire shall govern. However, all complaints filed with the public disclosure commission about any elected official or candidate for public office must be made in writing and signed by the complainant under oath. ...."]



# COMPLAINT REPORT

## COMPLAINT INFORMATION

(NOTE: Please mark "Disclosure" box on back of form.)

1. Your name (First name) (Last name) (MI)		2. Phone number (H) (W)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
3. Address City State ZIP		4. Soc Sec No	
5. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Type of work performed.	
7. Rate of Pay: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		10. If younger than 19 Date of birth (mo-day-yr) ____/____/____	
8. Other rate of pay Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat rate <input type="checkbox"/> \$ _____ per <input type="checkbox"/>		Were you under 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Daily <input type="checkbox"/> Weekly		Was parent authorization form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## COMPANY INFORMATION

11. Company name		12. Is this an agricultural business? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Type of business	
14. Mailing address City State ZIP+4				15. Phone number	
16. Address where work is performed, if different. City State ZIP+4				17. Phone number	
18. Owner, manager or supervisor's name		19. Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Relationship	
				21. Estimated no. of employees affected by this complaint	

## COMPLAINT SECTION

22. Check appropriate box

<input type="checkbox"/> Meal and rest periods	<input type="checkbox"/> Uniform charges	<input type="checkbox"/> Minor work laws
<input type="checkbox"/> Pay statements	<input type="checkbox"/> Nonpayment of minimum wage	<input type="checkbox"/> Other
<input type="checkbox"/> Unauthorized deductions	<input type="checkbox"/> Nonpayment of overtime*	(Specify) _____
<input type="checkbox"/> No regular pay day	<input type="checkbox"/> Unpaid prevailing wage*	_____

\* additional questions on other side

23. Details of complaint (please explain above checked items)

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**CONTACT PERSON & SIGNATURE**

Please provide the name, address and telephone number of a contact person who will always know how to contact you. This is necessary in the event we need to contact you for some reason and we cannot locate you.

24. Name \_\_\_\_\_ 25. Phone \_\_\_\_\_

26. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

27.  DO NOT DISCLOSE my identity. Under RCW 42.17.310(1)(e), I request that my identity be withheld as disclosure would endanger my life, physical safety or property. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statutes such as the Washington Public Disclosure Act and agency policy.

28.  My identity MAY BE DISCLOSED if formally requested under RCW 42.17, the Public Disclosure Act.

**To the best of my knowledge, this is a true and accurate statement.**

29. Date \_\_\_\_\_ 30. Signature \_\_\_\_\_

**OVERTIME AND PREVAILING WAGE SUPPLEMENTAL INFORMATION**

(Please attach copies of any pay stubs or record of hours to complaint form)

**OVERTIME COMPLAINT**

Do not send originals

31. How often are you paid?  
 Monthly  Twice monthly  Every other week  Weekly  
 Other  
 (specify): \_\_\_\_\_

32. How are you paid?  
 Hourly  Piecework  Salary  Commission  
 Other  
 (specify): \_\_\_\_\_

33. Are you paid straight time for overtime hours?  
 Yes  No

34. Do you have pay stubs?  
 Yes  No

Rate of pay? \$ \_\_\_\_\_ per

35. Do you have your own record of hours worked, other than pay stubs?  Yes  No

36. Are overtime hours recorded by your employer?  Yes  No  Don't know

37. Are overtime hours on time cards?  Yes  No  Don't know

**PREVAILING WAGE COMPLAINT**

38. Project name \_\_\_\_\_ 39. Awarding agency \_\_\_\_\_

40. Name of general contractor \_\_\_\_\_

41. Job classification: (type of work performed) \_\_\_\_\_

42. Hourly rate paid \$ \_\_\_\_\_ 43. Prevailing wage rate required: (if known) \$ \_\_\_\_\_ 44. Was an "Intent to Pay Prevailing Wage" form posted on the job site?  
 Yes  No  Don't know

45. Is the project completed?  Yes  No 46. Project completion date. \_\_\_\_\_ 47. Does your employer provide any benefits?  
 Medical  Dental  Vacation  Pension  Holidays  Other

48. If "other" checked in 47, please indicate other benefits. \_\_\_\_\_

**For Department use only**

Investigated  Yes  No  
 Field investigate  Yes  No  
 Citation  Yes  No  
 If yes:  
 Citation # \_\_\_\_\_  
 Violation of RCW # \_\_\_\_\_  
 Violation of WAC # \_\_\_\_\_

**Close out info**

Paid \$ \_\_\_\_\_  
 Unpaid \_\_\_\_\_  
 Date closed \_\_\_\_\_