Information on completing the
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 INFORMATION**

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

**COMPANY INFORMATION**

11. Company name
12. Is this an agricultural business?  [ ] Yes  [ ] 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?
   - [ ] Yes  [ ] No
20. Relationship
21. Estimated no. of employees affected by this complaint

**COMPLAINT SECTION**

22. Check appropriate box
   - [ ] Meal and rest periods
   - [ ] Pay statements
   - [ ] Unauthorized deductions
   - [ ] No regular pay day
   - [ ] Uniform charges
   - [ ] Nonpayment of minimum wage
   - [ ] Nonpayment of overtime*
   - [ ] Unpaid prevailing wage*
   - [ ] Minor work laws
   - [ ] Other
      - (Specify) __________________________

   * additional questions on other side

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

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Complete contact person & signature section on back side of form
**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

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

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**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

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

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**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.

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**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

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