



## WORKER RIGHTS COMPLAINT INSTRUCTIONS

***Please tear off this page and keep for your records.***

This worker rights complaint is your request that the Department of Labor and Industries (L&I) conduct an investigation of general worker rights violations by an employer, or to initiate an investigation into a wage-related violation that affects one or more employee(s) e.g., a company-wide overtime audit. Complaints are processed by the Industrial Relation Agent who investigates employers in the county in which the employer is located. Industrial Relations agents will review each complaint to determine whether it falls within the department's jurisdiction. **There is no specific time frame for filing most complaints. However, complaints involving final wages due must be filed within 60 days of the last date worked.**

Fill in the form completely to provide L&I with the information necessary to support the complaint. If necessary, use a separate sheet of paper.

**Generally, complaint investigations take between 45 to 60 days to resolve. Prevailing wage investigations generally take 180 days. In either case, complex complaints may take longer.** You will be notified when the employer is contacted or when a final determination has been made. If the complaint is wage related and we are unable to obtain voluntary payment, or we are unable to substantiate the validity of the complaint, you may be advised to take legal action through Small Claims Court or a private counsel. **NOTE: There is no guarantee of collection.**

**Do not fill out this form if the following applies to you:  
(Before you file, please review form # F700-116-000 – Claimant Questionnaire)**

1. The complaint is against:
  - A person you intend to sue in court.
  - A business in which you are a partner or had a financial interest.
  - A family member.
2. Your complaint is for less than 8 hours worked based on minimum wage.
3. For complaints for final wages due, if it has been more than 60 days since the last date you worked for your former employer.

**Exceptions:**

  - Former employees of registered Farm Labor Contractors may file a complaint if it has been within three years of the violation.
  - Workers owed prevailing wages generally must file a complaint within 30 days of the project's acceptance date by the public agency.
4. Your complaint is for more than \$4,000, except complaints for unpaid prevailing wages. You should seek legal counsel through a private attorney.
5. You are self-employed.
6. The complaint represents unpaid vacation or sick leave, holiday pay, severance pay or bonuses.
7. Complaints for unpaid commissions are accepted only if a minimum wage violation has taken place and the claimant has the necessary documentation to substantiate the complaint.
8. The complaint is based on wages earned outside of the state of Washington. You may wish to contact the Department of Labor for the state where you performed the work, to inquire about your rights.
9. Your former employer has filed bankruptcy. If this is the case, you should file a "Proof of Claim" form with the U.S. Bankruptcy Court.
10. If you have property, equipment or other materials belonging to the employer.

**You may wish to seek legal advice if your complaint involves the items listed above.**

## Worker Rights Complaint Instructions

**If your complaint is wage related, a correct computation of the amount due must be included in the space provided.** Supply documents or records which support the complaint, e.g., copies of time records, calendars or any record kept of days and hours worked and the activities performed, or, explain why the records and document cannot be supplied. **It is your responsibility to substantiate the validity of the complaint for the amount stated on your form. Additionally, it is your responsibility to provide the department with any new or forwarding address; otherwise the complaint will be closed.** Failure to respond to requests from the department will also cause the complaint to be closed.

Mail or take completed complaints to the L&I service location below for the county in which the employer's business is located. Please note: The address on the complaint form for Olympia is for the Olympia service location only. For mailing, address the envelope to: Industrial Relations Agent, Department of Labor and Industries, and the appropriate Post Office or street address listed below. Be sure to include the ZIP plus 4 on your envelope.

### Department of Labor and Industries Service Locations

COUNTY	CITY	MAILING / LOCATION ADDRESS	PHONE # / FAX #
Island San Juan Skagit Whatcom	MOUNT VERNON	525 East College Way, Suite H Mount Vernon, WA 98273-5500	(360) 416-3000 Fax # 416-3030
	BELLINGHAM	1720 Ellis Street, Suite 200 Bellingham, WA 98225-4647	(360) 647-7300 Fax # 647-7310
Snohomish	EVERETT	729 – 100 <sup>th</sup> Street S.E. Everett, WA 98208-3727	(425) 290-1300 Fax # 290-1399
King	SEATTLE	315 – 5 <sup>th</sup> Avenue S., Suite 200 Seattle, WA 98104-2607	(206) 515-2800 Fax # 515-2779
	BELLEVUE	616 – 120 <sup>th</sup> Avenue N.E., Suite C-201 Bellevue, WA 98005-3037	(425) 990-1400 Fax # 990-1445
	TUKWILA	(Mailing) (Street) P. O. Box 69050, Seattle, WA 98168-1050 12806 Gateway Drive, Tukwila, WA 98168-3346	(206) 835-1000 Fax # 835-1099
Pierce	TACOMA	950 Broadway, Suite 200 Tacoma, WA 98402-4453	(253) 596-3945 Fax # 596-3956
Clallam Jefferson Kitsap	BREMERTON	500 Pacific Avenue, Suite 400 Bremerton, WA 98337-1943	(360) 415-4000 Fax # 415-4048
	PORT ANGELES	1605 East Front Street, Suite C Port Angeles, WA 98362-4628	(360) 417-2700 Fax # 417-2733
Grays Harbor Lewis Mason Thurston Pacific*	OLYMPIA	(Mailing) (Street) P. O. Box 44510, Olympia, WA 98504-4510 7273 Linderson Way S.W., Tumwater, WA 98501	(360) 902-5313 Fax # 902-5300
	ABERDEEN	(Mailing) (Street) P. O. Box 66, Aberdeen, WA 98520-0066 415 Wishkah Street, Suite 1-B, Aberdeen, WA 98520-0013	(360) 533-8200 Fax # 533-8220
Clark Klickitat Skamania	VANCOUVER	312 S.E. Stonemill Drive, Suite 120 Vancouver, WA 98684-6982	(360) 896-2300 Fax # 896-2345
Cowlitz Pacific* Wahkiakum	LONGVIEW	900 Ocean Beach Highway Longview, WA 98632-4013	(360) 575-6900 Fax # 575-6918
Adams* Grant* <South of I-90> Kittitas Yakima	YAKIMA	15 West Yakima Avenue, Suite 100 Yakima, WA 98902-3480	(509) 454-3700 Fax # 454-3710
Benton Columbia Franklin Walla Walla	KENNEWICK	4310 West 24 <sup>th</sup> Avenue Kennewick, WA 99338-1992	(509) 735-0100 Fax # 735-0121
	WALLA WALLA	1815 Portland Avenue, Suite 2 Walla Walla, WA 99362-2246	(509) 527-4437 Fax # 527-4486
Chelan Douglas Grant* <North of I-90> Okanogan	EAST WENATCHEE	519 Grant Road East Wenatchee, WA 98802-5459	(509) 886-6500 Fax # 886-6510
	MOSES LAKE	3001 West Broadway Avenue Moses Lake, WA 98837-2907	(509) 764-6900 Fax # 764-6923
	OKANOGAN	1234 South 2 <sup>nd</sup> Avenue S Okanogan, WA 98840-9723	(509) 826-7345 Fax # 826-7349
Adams* (S.E.) Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	SPOKANE	901 North Monroe Street, Suite 100 Spokane, WA 99201-2149	(509) 324-2600 Fax # 324-2636
	COLVILLE	298 South Main, Suite 203 Colville, WA 99114-2416	(509) 684-7417 Fax # 684-7416
	PULLMAN	(Mailing) (Street) P. O. Box 847, Pullman, WA 99163-0847 1250 Bishop Blvd. S.E., Suite G, Pullman WA 99163	(509) 334-5296 Fax # 334-3417

Department of Labor & Industries  
 Employment Standards Program  
 PO Box 44510  
 Olympia WA 98504-4510  
 (360) 902-5316 or 1-866-219-7321

L&I date stamp

# WORKER RIGHTS COMPLAINT

UBI  
 ESCH #

## Company (Employer) Information

1. Name of business		6. Name of business owner, manager or supervisor	
2. Mailing address of business		7. Business phone # ( )	8. Cell phone # ( )
3. City	State ZIP	9. FAX # ( )	10. When is your scheduled payday?
4. Address where work performed if not at main address		11. Type of business	
5. City	State ZIP	12. Has company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	13. Is company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

## Worker's Information

14. Your name (last, first, middle initial) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		20. Social Security Number	21. Home phone ( )	22. Work phone ( )
15. Home address		23. Date alleged violation occurred From / / To / /		24. Rate of pay \$
16. City	State ZIP	25. Were you under 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of birth, if under 18 when started work / /
17. email address (optional)		27. If under 18, was parent authorization form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Was work performed in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Job title	19. Type of work you performed		29. List family relationship if related to employer	

30. **Type(s) of Complaint:** Check appropriate box(s). **Please note, if the complaint is wage related, you must provide documents to support it.** (see #38 below)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Final wages not paid    | <input type="checkbox"/> NSF/bad check or credit card                   | <input type="checkbox"/> No regular pay day |
| <input type="checkbox"/> Unpaid agreed wage      | <input type="checkbox"/> Unpaid minimum wage                            | <input type="checkbox"/> Pay statements     |
| <input type="checkbox"/> Unpaid overtime         | <input type="checkbox"/> Unpaid prevailing wage (complete reverse side) | <input type="checkbox"/> Uniform charges    |
| <input type="checkbox"/> Unpaid hours worked     | <input type="checkbox"/> Child labor laws                               | <input type="checkbox"/> Family care        |
| <input type="checkbox"/> Unauthorized deductions | <input type="checkbox"/> Meal periods                                   | <input type="checkbox"/> Nurse overtime     |
| <input type="checkbox"/> Other:                  | <input type="checkbox"/> Rest periods                                   |   |

31. Please explain the complaint items checked above.

32. Estimate # of workers affected	33. If this is a wage complaint, did you ask the employer for your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date(s)? / / / /		
34. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Don't know		35. Date you started working for this employer / /	36. If no longer working for this employer, list last date worked / /
37. If no longer working for this employer, give the reason(s) for leaving			

38. Please provide as many of the following records as possible:

- |   |  |
|---|--|
| <input type="checkbox"/> Written wage agreement | <input type="checkbox"/> Attendance rosters              |
| <input type="checkbox"/> Shift schedules        | <input type="checkbox"/> Log books                       |
| <input type="checkbox"/> Personal time records  | <input type="checkbox"/> Payroll check stubs             |
| <input type="checkbox"/> Time card or copy      | <input type="checkbox"/> Copies of bad checks            |
|   | <input type="checkbox"/> Employee hand book if available |

List other records you can provide.

Payroll check stubs and 'time records' such as personal calendars or any of the items to the left, **are required** for claims involving wages.

## Wage Information

## Worker Rights Complaint continued

39. How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily			40. Do you have a written employment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, provide copy		
41. Are you represented by a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. Excluding taxes, have you authorized any other deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? If available provide copy of written authorization			
43. Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. Are overtime hours on time cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Were overtime hours recorded by your employer by another method? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
46. Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. Do you have your pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please provide copies		48. Do you have a record of payment other than pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. When is/was the scheduled payday for these wages?			50. Do you have any outstanding loans/advances owing to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, indicate amount owed. \$		
51. Do you have any property belonging to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list:					

## Wages Owed (Documentation required)

52. Rate of pay \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				53. Other rate of pay.   Piece rate   Commission   Sq ft   Flat rate   Other (specify) \$ _____ per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
54. From _____ To _____ /   /   /   /		55. How many hours due?		56. Partial payment received		57. What pay is due you before taxes? \$ _____	
58. Reason employer gave for refusing to resolve your complaint or payment of wages							

## Prevailing Wage & Project Information (Complete this section to report possible violations of the Prevailing Wage Law.)

59. Project name			60. Awarding agency (public entity for whom work is being performed)				
61. Name of general contractor (prime contractor)			62. Location where you worked				
63. Contractor's phone number (   )		64. Job classification (type of work performed)					
65. Hourly rate paid. \$ _____		66. Prevailing wage rate required (if known). \$ _____			67. Was an 'Intent to Pay Prevailing Wage' form posted on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
68. Is project completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		69. Project completion date /   /		70. Place a checkmark in the boxes) below for any benefits provided by the employer <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> Pension <input type="checkbox"/> Holidays <input type="checkbox"/> Other			
71. If "other" is checked in the previous question, please explain other benefit(s)							

## Your Contact Person Information and Signature

72. Please provide information of a contact person not living with you who will always know how to reach you. This is necessary in the event we cannot locate you.

Name	Phone number
Address	
City	State   ZIP

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

73. Date	74. Signature
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