



Wage Complaint

Office use only: WP&C _____ MW _____ CLL _____

This form is used for complaints under the Pennsylvania Minimum Wage Act of 1968 and the Wage Payment and Collection Law. Persons returning this form should complete all parts, including the reverse side, that are applicable to the specific law or laws under which a complaint is made.

RETURN TO:

Bureau of Labor Law Compliance
651 Boas St., Room 1301
Harrisburg, PA 17121-0750
Telephone: 717.705.5969 or
1.800.932.0665
FAX: 717.787.0517

PLEASE PRINT:

Name of Person Filing Complaint _____

Address _____
STREET CITY STATE ZIP CODE

Date of Birth _____

Telephone Number where you can be reached between 8:30 a.m. and 5:00 p.m. (_____) _____ - _____
(INCLUDE AREA CODE)

E-mail Address _____ Fax Number (_____) _____ - _____

Type of Work Performed _____

Location of Employment _____
STREET CITY COUNTY STATE ZIP CODE

Company Name, if any _____ Telephone (_____) _____ - _____

Contact Person (Against whom Wage Claim is filed) _____

Address _____
STREET CITY COUNTY STATE ZIP CODE

Date Hired _____ Are you still employed by the named employer? Yes No

If No, the last date worked _____ Was your termination: Voluntary Involuntary

1. Was there a written contract of employment between you and the named employer? Yes No

If Yes, please attach copy.

2. What was your regular payday to be? (check one) Weekly Bi-Weekly Monthly Other _____

3. Were wages paid to you in a form other than a check? Yes No Other (cash) _____

4. What was the latest rate of pay agreed upon between you and the named employer?

Hourly \$ _____ Weekly \$ _____ Other, please explain _____

What are the TOTAL wages claimed by you? \$ _____

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WAGES CLAIMED ON OTHER SIDE ARE COMPUTED AS FOLLOWS:

WEEK ENDING DATE	NUMBER OF HOURS WORKED THIS WEEK	RATE OF PAY PER HOUR, DAY, WEEK OR OTHER	TOTAL GROSS WAGES EARNED THIS WEEK	SPECIFY IF VACATION PAY, SICK LEAVE OR COMMISSION

NOTE: Failure to provide detailed information in the space provided above may make it impossible to pursue this claim on your behalf.

5. State employer’s reason for refusal of payment _____

6. Have any deductions been made without your written agreement? Yes No
 If Yes, please explain _____

7. Do you owe any money to the named employer for any reason? Yes No If Yes, how much? \$ _____

8. Are you covered under a Collective Bargaining Agreement? Yes No
 If Yes, list the name and address of the union _____

You may use additional paper to summarize related information and wage computations.

Once we receive your Wage Complaint form, we will log it in and assign it to a Labor Investigator.

NOTE: I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above claim of unpaid wages.

I hereby assign the said wages and all penalty wages accruing because of nonpayment thereof, also all liens securing said wages to the Secretary of Labor & Industry of the Commonwealth of Pennsylvania, and any Deputy or Representative authorized to act on the Secretary’s behalf, to collect under the provisions of Section 9.1(e) of the Wage Payment and Collection Law or Section 13 of the Pennsylvania Minimum Wage Act, Sec. 333.113.

Signature of Claimant _____ Date of Complaint _____

Signature of Parent or Guardian if Claimant is under 18 years of age _____

The Bureau will contact you for any further information. Please notify the office checked on the other side of this form in the event that you are paid before the Bureau contacts you.

*Auxiliary aids and services are available upon request to individuals with disabilities.
 Equal Opportunity Employer/Program*