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? $_________________________________________________________
WAGES CLAIMED ON OTHER SIDE ARE COMPUTED AS FOLLOWS:

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