

MINIMUM WAGE OR OVERTIME COMPLAINT

This form is used for filing complaints under the Pennsylvania Minimum Wage Act of 1968. Persons returning this form should complete all parts regarding the alleged violation of the act.

RETURN TO:

Bureau of Labor Law Compliance
1301 Labor & Industry Building
Seventh & Forster Streets
Harrisburg, PA 17121
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)
after 5:00 p.m. (_____) _____ - _____

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

Type of Work Performed _____

Company Name _____

Owner or Contact Person _____ Telephone (_____) _____ - _____

Company Address _____
STREET

_____ CITY COUNTY STATE ZIP CODE

Location of Employment (if not same as above) _____

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

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

What was your regular payday? Weekly Bi-weekly Semi-monthly Monthly Other

What was your rate of pay? Hourly \$ _____ Weekly \$ _____ Other (specify) \$ _____

How often do you work over 40 hours per week? Weekly Often Occasionally Never

Do you have Statement of Earnings (pay stubs) showing hours of work, rate of pay, etc.? Yes No

Did you retain your own record of hours worked? Yes No

Please submit copies of any pertinent documents and a written statement of the alleged violation along with this form to the above address.

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

Signature of Complainant _____ Date _____

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