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 __________________________________________________________________________________________
Date of Birth _____________________________________
Telephone Number where you can be reached between 8:30 a.m. and 5:00 p.m. (________)  _________ - ____________
after 5:00 p.m. (________) _________ - _____________
E-mail Address _____________________________________   Fax Number (________) _________ - ______________
Type of Work Performed _____________________________________________________________________________
Company Name ____________________________________________________________________________________
Owner or Contact Person __________________________________________   Telephone (______)  _______ - _______
Company Address __________________________________________________________________________________
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 _______________________________________

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

LLC-22 REV 12-07 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR & INDUSTRY BUREAU OF LABOR LAW LAW COMPLIANCE