

Labor Standards Complaint

Office use only

Personal information you provide may be used for secondary purposes [Privacy Law, Section 15.04(1)(m) Wisconsin Statutes].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Return form to:

**EQUAL RIGHTS DIVISION
 PO Box 8928
 Madison WI 53708**

Please Type Or Print In Black Ink All Applicable Information

Complainant Information		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
First Name	Middle Name	
Last Name		
Street Address		
City	State	Zip Code
Date of Birth	Social Security Number	
Contact Telephone Numbers (include area code) () ()		
E-mail Address		

Employer Information		
Advertised Business Name		
Business Street Address		
Mailing Address, if Different		
City	State	Zip Code
Owner/Corporation Name		
County Name	Type of Business	
Business Telephone Number (include area code) () Extension		

Check the appropriate boxes below and summarize your complaint. How much money do you think you employer owes you? Explain how you determined the amount due. Include the time period it is for. Be as specific as possible. If your claim is for vacation or other types of leave, please enclose copies of any written policies you have. Please attach a copy of a check stub or W-2 form, if available.

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|--|--|---|---|
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Child Labor | <input type="checkbox"/> Unpaid hours of Work | <input type="checkbox"/> One Day of Rest in Seven |
| <input type="checkbox"/> Medical Exam | <input type="checkbox"/> Minimum Wage | <input type="checkbox"/> Streets Trade | <input type="checkbox"/> Deductions from Wages |
| <input type="checkbox"/> Personnel Records | <input type="checkbox"/> Seats for Workers | <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Bonus Pay | <input type="checkbox"/> Vacation/Holiday/Sick Pay | <input type="checkbox"/> Other (expenses, per diem, etc.) _____ | |

Remember that the department does not assume your complaint is valid just because you have filled out this form. In case of a dispute it is your responsibility to prove that your complaint is valid.

You must also complete Page 2 of this form

Employment and Wage Information

Have You asked for your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No		What date did you ask?		
What did the employer say?				
Hourly Rate of Pay	Salary Per	Commission Per	Piece Rate/Flat rate Per	
How often were you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) _____				
Did you receive tips? If yes, were tips reported to employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Average amount of tips per day?
Did you receive meals, lodging or anything else in addition to your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____				
Do you owe the employer for such things as advances, merchandise or other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____				
How many hours a day did you work?	How many hours a week?	Does the Employer keep time records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check all the boxes that apply to the types of records you have kept: <input type="checkbox"/> Hours worked (If checked submit with complaint.) <input type="checkbox"/> Check stubs <input type="checkbox"/> Deduction Slips <input type="checkbox"/> No records				
Give your job title and briefly describe the kind of work you did				
Work location street address?	City	State	Zip Code	County where you worked

You must complete the next line. If unsure, please estimate month & year.

First date worked	Last date worked	Reason for leaving <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off <input type="checkbox"/> Other _____		
Has employer filed for bankruptcy or receivership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed this claim in court? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a union to represent you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

By providing my signature below statements made on this complaint are true to the best of my knowledge. This complaint is an open record and may be provided to the employer under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department.

Complainant Signature (Required)	Date Signed
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Child Labor – Complete if you were under age 18 at time of employment.

Was a work permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter date permit was issued
Are you still in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date you graduated:	Are you enrolled in any of the following: <input type="checkbox"/> Alternative School <input type="checkbox"/> GED/HSED Program <input type="checkbox"/> Home Schooling <input type="checkbox"/> Charter School
Name of current or last school attended	Address of current or last school attended