Labor Standards Complaint Instructions

What is a wage complaint?
A wage complaint is a written complaint filed with the Department of Workforce Development against your current or former employer for unpaid wages or labor law violations that are within the Department’s jurisdiction.

How does an employee file a wage complaint?
Complete the attached complaint form and answer all questions. If your complaint form is not completed, the process may be delayed. Claims for unpaid wages must either be filed with the Department or in court **within two years** of when the wages were earned and payable. The Department will not accept claims for wages payable more than two years before the Department receives the complaint.

What is the next step after an employee files a complaint?
The investigator assigned to investigate a labor standards complaint will send a notice and a copy of your complaint to the employer. The notice will give the employer the option of either paying the disputed wages, or providing any information the employer may have to dispute the validity of the complaint. The investigator may seek other information that will be helpful in resolving the wage controversy.

The Department does not represent employers or complainants in unpaid wage complaints. Both employers and complainants have a responsibility to present information that establishes the validity of their respective positions regarding the complaint. Where settlement of the complaint does not occur, the investigator must issue a written decision on the merits of the complaint. The decision will determine wages due, if any, and request payment from the employer.

Length of the investigation: How long can an investigation take?
The Department attempts to resolve cases as quickly as possible. The time it takes to resolve or complete an investigation depends on the complexity of each complaint, current caseloads, and other factors. Most investigations take several months to resolve - some take more time and some take less. Complainants may file their claims in court instead if they feel the administrative process is not progressing quickly enough.

How can I speed up the process?
- Answer all questions on the Labor Standards Complaint form accurately and provide a detailed explanation where necessary. Incomplete forms will be returned.
- Attach copies of any supporting documentation. Do NOT send originals.
- Contact the Department immediately if your address or contact information changes, you receive payment from the employer, or you decide to go to court instead.

Return completed, signed complaint form to either address below:

<table>
<thead>
<tr>
<th>STATE OF WISCONSIN</th>
<th>DEPARTMENT OF WORKFORCE DEVELOPMENT</th>
<th>EQUAL RIGHTS DIVISION</th>
</tr>
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<tbody>
<tr>
<td>201 E WASHINGTON AVE</td>
<td>819 N 6th ST</td>
<td>ROOM 723</td>
</tr>
<tr>
<td>PO BOX 8928</td>
<td>MILWAUKEE, WI 53203</td>
<td>TELEPHONE: (414) 227-4384</td>
</tr>
<tr>
<td>MADISON, WI 53708</td>
<td></td>
<td></td>
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<tr>
<td>TELEPHONE: (608) 266-6860</td>
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Website: [https://dwd.wisconsin.gov/er/](https://dwd.wisconsin.gov/er/)

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact us.

If you have questions or need help completing this form, please call the Equal Rights Division and ask to speak to a Labor Standards Investigator.
LABOR STANDARDS COMPLAINT
State of Wisconsin, Dept. of Workforce Development
Equal Rights Division
P.O. Box 8928
Madison, WI 53708

Please Type All Applicable Information or Print in Black Ink. Check only the boxes that apply.

### VIOLATION(S) CLAIMED

1. Total wages still owed to you (do not deduct taxes or social security): $  
   [ ] Not applicable
   Please attach a copy of a pay check stub.

2. My claim includes the following (check the box next to all that apply and provide the necessary information for each):

   A. [ ] Unpaid Hours of Work
      Provide the beginning and ending dates for which you are owed wages or salary:  to  
      Calculation of wages not paid or underpaid:

   B. [ ] Unpaid Vacation/Personal/Holiday/Sick Time
      What is the employer’s policy regarding payment of vacation, personal time off, holiday, and/or sick pay at the end of employment? Explain in detail and attach policy if available:

### Complainant Information

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<thead>
<tr>
<th>Box</th>
<th>Information</th>
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### Employer Information

<table>
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<th>Box</th>
<th>Information</th>
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Personal information you provide may be used for secondary purposes [Privacy Law, Section 15.04(1)(m) Wisconsin Statutes].
C. Deductions from Wages

A deduction was taken for the following reason(s):

Deduction was made on the following:  Date: OR Pay Period to

D. Minimum Wage (Explain on page 4).

E. Unpaid Overtime (Explain on page 4).

F. Unpaid Commissions
   Did more than half of your total earnings come from commissions?  Yes  No
   Total amount of commissions unpaid and/or underpaid:
   What was the commission agreement (attach agreement if available)?  Explain in detail:

G. Unpaid Bonus (Explain on page 4). Attach copy of the bonus policy or plan if available.

H. Child Labor/Street Trades –
   (Complete ONLY if worker was aged 17 or younger at the time of employment).
   Was a child labor permit issued?  Yes  No  If yes, date permit was issued:
   Explain alleged violation:

   If you are filing this complaint on behalf of a minor, please provide your name and contact information:

I. Personnel Records
   What specific records did you request?
   From whom? When?
   What was the employer’s response? (Please provide copies of written requests and responses).

J. One Day of Rest in Seven (Explain on page 4).

K. Other (Explain on page 4).

EMPLOYMENT DETAILS (REQUIRED)

3. Job title:

4. Type of work performed/duties:

5. Covered by a union contract while employed: Yes  No

6. Work location – City: State: Zip: County:
7. Starting date of employment: ___________________________ Ending date of employment: ___________________________

8. Pay agreement: □ Oral/Verbal □ Written (provide copy)

9. Rate of pay: $ _______ per: □ Hour □ Week □ Month □ Other: ___________________________

10. Did you receive tips? □ Yes □ No Average tips per day $ _______

11. Hours worked per day ___________________________ Hours worked per week ___________________________

12. Pay schedule: □ Weekly □ Bi-Weekly □ Monthly □ Other: ___________________________

13. Method of payment: □ Check □ Cash □ Other: ___________________________

14. Do you still work for this employer: □ Yes □ No

If no, employment was terminated because: □ Quit □ Fired □ Laid Off □ Other: ___________________________

15. The employer is still in business: □ Yes □ No

If No, please explain in detail: __________________________________________________________

16. I have retained an attorney or filed a lawsuit regarding this matter: □ Yes □ No

If Yes, please provide the following:

________________________________________
Attorney’s First and Last Name

________________________________________
Attorney’s Phone number

________________________________________
Case number (if applicable)

In the space below, please show how you came up with the amount of your claim and add any additional information you would like us to know. Be as specific as possible. Attach additional pages as necessary.

________________________________________
Certification and Signature (Required)

I hereby certify that the information I have provided on this form is true to the best of my knowledge.

I understand that I must cooperate as required by the Equal Rights Division, and it is my responsibility to provide sufficient information to prove the claim is true. This complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin’s Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department. I understand there is no guarantee that the Equal Rights Division will accept my claim, and no guarantee that it will be able to collect upon it.

Complainant’s Signature (Required): ___________________________ Date Signed: ______________

Please send signed complaint form to either address listed on page 1.