

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:

**STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION**

**201 E WASHINGTON AVE
PO BOX 8928
MADISON, WI 53708-8929
TELEPHONE: (608) 266-6860
TTY: (608) 264-8752**

**819 N 6th ST
ROOM 723
MILWAUKEE, WI 53203
TELEPHONE: (414) 227-4384
TTY: (414) 227-4081**

Website: <http://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.

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 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.