

Labor Standards Complaint Form

Use this form to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, etc.

Note: This complaint form is available in languages other than English. Anyone working in New York State may make a complaint to the New York State Department of Labor. Be sure to read Information About Filing a Claim (LS223.2) before filling out this form.

Please answer all questions for each part related to your claim. Providing complete information helps us review your complaint and accept it for investigation. Return your completed form to the address above.

We will contact you if we do not have enough information to proceed or if your claim appears invalid. If you have questions about how to complete this form call (888) 469-7365.

We cannot accept the following wage or supplement claims:

- For work performed outside of New York State.
- From anyone employed in an administrative, executive, or professional capacity who earns over \$1300 gross per week (they are excluded from coverage under Sections 190[7] and 198-c[3]).
- From individuals employed by a public entity such as a town, county, or city.
- From individuals who are in business for themselves.
- For work performed on a public work project (use form PW-4).

Part 1. Person Filing Claim (Employee/Complainant Information)

1. Name:(first) (middle) (last)
2. Another name known by at work:
3. Mailing address: No: Street: Apt. #
City/town: County: State: Zip code:
4. Phone: () 5. Other phone:()
6. Email: 7. Your primary/preferred language:

Part 2. Claim Filed Against (Business/Business Owner Information)

- 8a. Business name:
- 8b. Legal name (if different):
- 8c. Legal entity type: Individual LLC Partnership Corporation Other:
- 8d. Mailing address: No.: Street: FI/Rm/Suite#:
City/town: County: State: Zip code:
- 8e. Business phone: () 8f. Email:

9a. Owner(s) name(s) and title(s):

9b. Mailing address: No.: Street: Apt. #:
City/town: County: State: Zip code:

9c. Owner phone: () 9d. Email:

10. Business type: restaurant retail store domestic help construction office other:

11. Business hours of operation: 12. Total # of employees:

13a. Is the company still in business? Yes No 13b. If "No," when did business close?

14. Employer's bank name and location (attach copy of check or check stub):

15. Has the employer filed for bankruptcy? Yes No Unknown

Part 3. Person Filing Claim (Employment Information)

16. Your job title: 17. Type of work you performed:

18. Date hired: 19. Name and title of person who hired you:

20. Name/s of your manager/supervisor/foreman:

21. Name of person who paid your wages:

22. Worksite address: No.: Street: FI/Rm/Suite#:
City/town: County: State: Zip code:

23. Did you regularly travel outside New York State for work? Yes No

24. Your relationship with business: Still employed Discharged Quit Temporarily laid-off

25a. Last day worked: 25b. Reason for leaving:

26a. Were you a member of a union? Yes No 26b. If "Yes," union name and Local no.:

27a. Your rate of pay: \$ per Day Week Hour Other

27b. Your overtime rate of pay: \$

28a. Did you earn tips on a regular basis? Yes No 28b. If "Yes," how much on average per hour?

28c. Has your employer kept your or any other employee's tips? No Yes – yours Yes – others'

28d. If "Yes," how much? Please Explain:

29a. What was your payday? Mon Tues Wed Thurs Fri Sat Sun

29b. What period did this cover? (e.g. Sat through Fri)

30. How often were you paid? Daily Weekly Every two weeks Other

31. How were your wages paid? Cash Check Direct Deposit Pay Card
 Combination: (please explain - e.g. part in cash and part by check)

32a. Were you required to wear a uniform? Yes No 32b. If "Yes," describe the uniform:

32c. Were uniforms free of charge? Yes No 32d. If "No," how were uniforms purchased and how much did they cost?

Part 4. Unpaid Wages Claim

Fill in this section if you are owed wages (see Part 6 if you are due overtime pay). Use one row for each week. Gross wages mean the amount earned before taxes or other deductions. Attach a separate sheet(s) for additional weeks, or to give more information.

A. Payroll Week Ending Date	B. Number of Days Worked in the Week	C. Hours Worked in the Week	D. Rate of Pay (Earned or Promised)	E. Illegal Deductions from Wages (e.g. fines, breakage, etc.)	F. Gross Wages Owed for the Week	G. Gross Wages Paid (If employer paid some of the wages owed write the amount here)	H. Difference Between Gross Wages Owed and Gross Wages Paid
Ex.: 4/4/2017	7	35	\$16.00 per hour		\$560 (Cx D)	\$0	\$560 (F-G)
I. Total							

33a. If your paycheck was not honored by the bank, please provide check number and payroll week ending date. If available, provide a copy of the check:

33b. Claim Range: What time period does your wage claim cover?

Date from: _____ to: _____

Part 5. Unpaid Paid Sick Leave

Fill in this section for Paid Sick Leave you are owed. Section 196-b of the New York State Labor law requires employers with five or more employees or net income of more than \$1 million to provide paid sick leave to employees. On September 30, 2020, covered employees in New York State began to accrue leave at a rate of one hour for every 30 hours worked. On January 1, 2021, employees may start using accrued leave.

A. Time Period Paid Sick Leave Accrued	B. Amount of Paid Sick Leave Accrued	C. Date(s) when Paid Sick Leave used	D. Amount of Benefit Time Owed	E. Regular Rate of Pay	F. Amount of Benefit Payment Due
Ex.: 9/30/20-1/8/21	16.5 hours	1/11/21	8 hours	\$20/hour	\$160
G. Total					

Part 6. Unpaid Wage Supplement Claim

Fill in this section for wage supplements you are owed. Wage supplements are fringe benefit payments promised by the employer such as: vacation pay, expenses, and holiday pay, etc.

34. Explain the benefits promised or attach a copy of the written policy/handbook:

A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex.: Vacation pay	1/1/16–12/31/16	1/1/17	1 week	\$700	<input checked="" type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
G. Total					

Part 7. Unpaid Minimum Wage or Overtime Claim

Fill in this section if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime, or if you are owed extra pay for working 2 shifts in one day, or for working more than 10 hours in one day. Most employees must be paid at least the minimum wage and time and ½ if they work more than 40 hours per week.

35a. Are you paid the minimum wage for each hour worked? Yes No

35b. Are you paid time and ½ for the hours worked over 40? Yes No

35c. Are you paid any wages for the hours worked over 40? Yes No 35d. If “Yes,” how much per hour?

35e. Are you paid an extra hour for working 2 shifts in one day or for working more than 10 hours in one day?
 Yes No

35f. If “No” to any of the above, please explain and fill in the schedule of your work week below:

A. Workday	B. Time Workday Started	C. Time Workday Ended	D. Time off for Meals	E. Total Hours
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
F. Weekly Total				

36a. Are the hours worked listed above the same every week? Yes No

36b. If "No," please provide your estimate of average number of hours worked per week:

36c. Are you owed call-in pay, or uniform maintenance pay? If yes, please explain and provide dates.

36d. Claim Range: What time-period does your minimum wage or overtime claim cover?

Date from: _____ to: _____

36e. Provide information on your regular and overtime rates of pay during the above claim range.

Date from: _____	to: _____
Regular: \$ _____ per _____	Overtime: \$ _____ per _____
Date from: _____	to: _____
Regular: \$ _____ per _____	Overtime: \$ _____ per _____
Date from: _____	to: _____
Regular: \$ _____ per _____	per _____

Part 8. Non-Wage Complaint

Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.

The employer failed to:

37a. Provide a 30-minute meal period _____

Were you paid for the time worked when the employer failed to provide the meal period? Yes No

37b. Provide a wage statement (pay stub) _____

37c. Provide a day of rest _____

37d. Provide a notice of pay rate with all required information _____

37e. Provide for accrual of required New York State Paid Sick Leave _____

37f. Post required notices/Minimum Wage Poster _____

37g. Follow rules for employment of minors (under 18) _____

37h. Other _____

Part 9. Claim Background

38a.. Did you ask for your wages: Yes No

38b. If "Yes," please explain. Who and when did you ask, and what happened?

38c. Have you already taken action, such as filing in small claims court or a lawsuit, to recover your wages?

Yes No

38d. If "Yes," please explain. _____

Part 10. Claim Assistance

39a. Do you have a representative (e.g. private attorney, advocacy group)? Yes No

39b. If "Yes," provide name of person or group:

39c. Has this representative assisted you in filing this claim? Yes No

39d. Have you paid, or do you plan to pay, this representative? Yes No

39e. Do you want us to speak with this representative about your claim? Yes No
If so, representatives must submit a Letter of Representation (LS 11).

39f. Did anyone, other than the representative, help you fill out this form? Yes No

39g. If "Yes." who helped you and why did they help you?

Additional Comments/Useful Information:

By submitting this claim you acknowledge and understand that the NYSDOL will, in the discretion of the Commissioner of Labor's authority, evaluate your claim for investigation, determine the scope of investigation on any claim accepted, and will resolve claims as expeditiously as possible. The disposition of complaints and resolution of violations shall be determined by the Commissioner of Labor.

I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.

Claimant Signature

Date

Return your completed form to the address on Page 1.