

OFFICE OF THE ATTORNEY GENERAL BARBARA D. UNDERWOOD
STATE OF NEW YORK DEPARTMENT OF LAW



FAST FOOD WORKER COMPLAINT FORM

Labor Bureau, 28 Liberty Street, 15th Floor, NY, NY 10005 • Tel. (212) 416-8700 • Fax (212) 416-8694

EMPLOYEE

Your Name _____ Daytime Phone Number _____ Home Phone Number _____
Street Address _____ What is the best time to reach you by phone? _____
City/Town _____ State _____ Zip Code _____ Email Address _____

YOUR EMPLOYER(S)

Name Of Your Employer _____ Telephone Number _____
Address (If multiple stores, list all locations.) _____ Name of owner(s) _____
Name of your supervisor(s) _____

YOUR JOB

What is your job? _____
What is your usual rate of pay? \$ _____ per hour Dates of employment: _____

What is your usual work schedule? (If you work in more than one location owned by the same employer, please include your total hours at all stores).
MON. start _____ TUES. start _____ WED. start _____ THUR. start _____ FRI. start _____ SAT. start _____ SUN. start _____
end _____ end _____ end _____ end _____ end _____ end _____ end _____

If you work over 40 hours in a week, what are you paid for hours worked past 40? \$ _____ per hour

Do you usually get uninterrupted time to eat a meal during your shift? Y___ N___ How much time? _____ minutes

Do you ever have to work "off the clock" - in other words, do you have to work before clocking in or after clocking out? Y___ N___
Please use the following page to describe what happens and how often.

Are you ever told to clock out -- or wait to clock in -- because the store is not busy enough? Y___ N___
Please use the following page to describe what happens and how often.

Have you ever had a paycheck bounce? Y___ N___ How frequently? _____

How are you paid your wages? (Check all that apply): cash check direct deposit paycard other

How often are you paid? weekly every two weeks other

Does your employer deduct money from your paycheck for meals that you do not eat? Y___ N___ Don't know _____

Do you have to pay your own money out of pocket for any of the following work-related expenses? Y___ N___ If yes, please check all that apply.
 Buying uniform Cleaning uniform Theft Cash register shortages Delivery-related expenses (gas, repairs, car/bicycle expenses).
Please describe on the following page what your expenses were, and whether your employer reimbursed you, or paid you back.

Were you ever injured on the job? Y___ N___ If yes, did you receive workers' compensation? Y___ N___

If you receive tips: What percent of your work time do you spend doing tipped work such as delivering food? _____ %

What percent of your work time do you spend doing non-tipped work (in kitchen, cleaning, etc.)? _____ %

ADDITIONAL INFORMATION

Please provide here any additional details regarding the previous questions.
Also, please add any additional information about possible labor law violations at your job.

READ THE FOLLOWING BEFORE SIGNING BELOW:

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers that are related to your work, such as W-2 forms, 1099 forms, paystubs, checks, etc. DO NOT SEND ORIGINALS.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect employees. I also understand that if I have any questions regarding my rights and responsibilities I should contact a private attorney. I understand that the Labor Bureau will keep my personal information confidential unless and until it files a lawsuit against the employer, and will attempt to contact me before filing a lawsuit. I will contact the Labor Bureau if my telephone number or address changes. The above complaint is true and accurate to the best of my knowledge.

I swear under penalty of perjury that the above information is true and accurate.

Signature: _____ Date: _____

Return to: New York State Office of the Attorney General
Labor Bureau
28 Liberty Street, 15th Floor
New York, NY 10005
Fax (212) 416-8694
labor.bureau@ag.ny.gov

Your complaint will be read by an attorney who will contact you by telephone or mail. If we need to speak with you after reading your complaint, we will contact you to schedule an appointment.