

**OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES  
STATE OF NEW YORK DEPARTMENT OF LAW**



**COMPLAINT FORM  
LABOR BUREAU FORM**

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**EMPLOYEE/COMPLAINANT**

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 \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOW MANY PEOPLE WORK FOR THIS EMPLOYER AT ALL LOCATIONS?  
 5 OR FEWER     6 TO 14     15 to 49     50+    OWNER'S NAME(S) \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

**YOUR JOB**

JOB TITLE/ DESCRIPTION \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

WHAT HOURS DO YOU WORK?    DO YOU GET A MEAL BREAK?    WHAT DAYS DO YOU WORK? (CHECK THOSE THAT APPLY)  
 START \_\_\_\_\_ END \_\_\_\_\_    YES \_\_\_\_\_ NO \_\_\_\_\_    MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THURS. \_\_\_\_\_ FRI. \_\_\_\_\_ SAT. \_\_\_\_\_ SUN. \_\_\_\_\_

WHAT IS YOUR RATE OF PAY?    \$ \_\_\_\_\_ PER  HOUR,  DAY,  WEEK,  \_\_\_\_\_

ARE YOU PAID A HIGHER RATE OF PAY FOR HOURS OVER 40 IN A WEEK? YES\_\_ NO\_\_

HOW OFTEN ARE YOU PAID? DAILY / WEEKLY / OTHER \_\_\_\_\_

DO YOU RECEIVE TIPS?    ARE YOU PAID IN CASH OR CHECK OR BOTH?    DO YOU RECEIVE HEALTH OR OTHER BENEFITS?  
 YES \_\_\_\_\_ NO \_\_\_\_\_    CASH \_\_\_\_\_ CHECK \_\_\_\_\_ BOTH \_\_\_\_\_    HEALTH \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU RECEIVE A W-2? YES \_\_\_\_\_ NO \_\_\_\_\_    HAVE YOU COMPLAINED TO ANYONE ELSE OR FILED A LAWSUIT REGARDING THE ISSUES YOU ARE COMPLAINING ABOUT? PLEASE PROVIDE DETAILS.  
 DOES IT LIST ALL YOUR WAGES? YES \_\_\_\_\_ NO \_\_\_\_\_

**YOUR COMPLAINT**

TYPE OF COMPLAINT. I WAS NOT PAID WAGES, FIRED, INJURED, HARASSED (PROVIDE DETAILS BELOW AND ON THE BACK OF PAGE)

PLEASE PROVIDE HERE AND ON THE NEXT PAGE A BRIEF DESCRIPTION OF YOUR COMPLAINT, INCLUDING NAMES OF OTHER EMPLOYEES AND THEIR CONTACT INFORMATION

