

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



LABOR BUREAU

COMPLAINT FORM

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

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

(CONT.)

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 I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

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

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.