



**STATE OF NEW YORK DEPARTMENT OF LAW
OFFICE OF ATTORNEY GENERAL ERIC T. SCHNEIDERMAN**

**COMPLAINT FORM
LABOR BUREAU**

120 Broadway, 26TH Floor New York, NY 10271-0332 • Tel. (212) 416-8700 • Fax (212) 416-8694

EMPLOYEE/COMPLAINANT

YOUR NAME		HOME PHONE NUMBER	
STREET ADDRESS		DAYTIME PHONE NUMBER	
CITY/TOWN	STATE	ZIP CODE	EMAIL ADDRESS

YOUR EMPLOYER(S)

NAME OF YOUR EMPLOYER			NAME OF OTHER EMPLOYER, OR EMPLOYMENT AGENCY, IF ANY		
STREET ADDRESS			STREET ADDRESS		
CITY/TOWN	STATE	ZIP CODE	CITY/TOWN	STATE	ZIP CODE
TELEPHONE NUMBER			TELEPHONE NUMBER		
How MANY PEOPLE WORK FOR THIS EMPLOYER? <input type="checkbox"/> LESS THAN 10 <input type="checkbox"/> 10 TO 20 <input type="checkbox"/> MORE THAN 20			HOW MANY PEOPLE WORK FOR THIS EMPLOYER? <input type="checkbox"/> LESS THAN 10 <input type="checkbox"/> 10 TO 20 <input type="checkbox"/> MORE THAN 20		

YOUR JOB

JOB TITLE/ DESCRIPTION		DATES OF EMPLOYMENT	
WHAT HOURS DO YOU WORK?	DO YOU GET A MEAL BREAK?	WHAT DAYS DO YOU WORK?	
HOW MUCH DO YOU GET PAID?	\$ _____ PER <input type="checkbox"/> HOUR, <input type="checkbox"/> DAY, <input type="checkbox"/> WEEK, <input type="checkbox"/> _____	HOW OFTEN ARE YOU PAID?	
HOW MUCH DO YOU GET FOR OVERTIME?	\$ _____ PER HOUR <input type="checkbox"/> DAILY, <input type="checkbox"/> WEEKLY, <input type="checkbox"/> BI-WEEKLY		
DO YOU RECEIVE TIPS?	DO YOU RECEIVE HEALTH OR OTHER BENEFITS?	ARE YOU PAID IN CASH OR CHECK?	

YOUR COMPLAINT

TYPE OF COMPLAINT: I WAS NOT PAID WAGES, FIRED, INJURED, HARASSED (PROVIDE DETAILS ON THE BACK OF PAGE)			
DID YOU COMPLAIN TO: <input type="checkbox"/> YOUR EMPLOYER <input type="checkbox"/> YOUR UNION <input type="checkbox"/> NYS DEPARTMENT OF LABOR <input type="checkbox"/> ANOTHER AGENCY <input type="checkbox"/> SMALL CLAIMS COURT <input type="checkbox"/> PRIVATE ATTORNEY <input type="checkbox"/> _____	DATE(S) OF COMPLAINT(S): How DID You COMPLAIN? <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY PHONE <input type="checkbox"/> BY LETTER <input type="checkbox"/> BY FORM <input type="checkbox"/> _____	PERSON(S) CONTACTED: NATURE OF RESPONSE(S)	DATE(S) OF RESPONSE(S):

PLEASE DESCRIBE YOUR COMPLAINT ON THE ADDITIONAL PAGE

