

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



LABOR BUREAU

COMPLAINT 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

