

Complaint #: _____
Assigned To: _____
Date Assigned: _____



ID No. ____ / ____
Official Use Only

D.C. OFFICE OF WAGE- HOUR MINIMUM WAGE / OVERTIME COMPLAINT FORM

PRELIMINARY QUESTION

DOES THE CLAIMANT'S COMPANY HAVE A PAID TIME OFF POLICY? YES NO IF SO, HOW MANY DAYS _____

DOES THE CLAIMANT NEED TRANSLATIONS THROUGHOUT THE INVESTIGATION? YES NO

WHAT IS THE CLAIMANT'S PRIMARY LANGUAGE? _____

CLAIM INFORMATION

Current Date: ____ / ____ / ____

Complaint Confidential: YES NO

ARE YOU A GOVERNMENT EMPLOYEE: YES NO

TELEPHONE IN OFFICE

SECTION 1 BUSINESS INFORMATION

BUSINESS NAME: _____ OWNER'S FULL NAME: _____

BUSINESS STREET ADDRESS: _____ OWNER'S/BUSINESS PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS AND ADDRESS WHERE WORK IS PERFORMED: _____

EMPLOYER'S EMAIL ADDRESS: _____

NATURE OF VIOLATION(S):

MINIMUM WAGE OVERTIME WAGE STATEMENT OTHER (SPECIFY) _____

SECTION 2 EMPLOYEE INFORMATION

FULL NAME: _____ LAST 4 DIGITS OF SOC SEC NO.: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ DAYTIME PHONE NUMBER: (____) _____ - _____

EMAIL ADDRESS: _____ OCCUPATION OF EMPLOYEE: _____

DATE EMPLOYMENT BEGAN: ____ / ____ / ____ LAST DAY WORKED: ____ / ____ / ____

SUN. BEG/END	MON. BEG/END	TUES. BEG/END	WED. BEG/END	THURS. BEG/END	FRI. BEG/END	SAT. BEG/END	TOTAL	PAY RECEIVED
								NET:
								GROSS:

(USE SECOND BLANK LINE FOR RECORDING BEGINNING AND ENDING OF MEAL PERIODS)

