Complaint #:	
Assigned To: _	
Date Assigned	



ID No	_/
Official U	se 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 INVESTIG	AATION? YES 🗆 NO 🗆							
WHAT IS THE CLAIMANT'S PRIMARY LANGUAGE?								
CLAIM INFORMATION								
Current Date:/								
Complaint Confidential: YES □ No □								
Are you a Government Employee: Yes \square No \square								
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. MON. TUES. WED. THURS. BEG/END BEG/END BEG/END BEG/END DEG/END BEG/END BEG/END BEG/END DEG/END DE	FRI. SAT. TOTAL PAY RECEIVED BEG/END BEG/END							
DEG/END DEG/END DEG/END I	NET:							
	Chagg							
	GROSS:							
(USE SECOND BLANK LINE FOR RECORDING BEGINNING AND ENDING OF MEAL PERIODS)								

SECTION 2 EMPLOYEE CI	LAIM INFORMATION CON'T							
Does employer keep a record of hours worked? Yes \square No \square			ESTIMATED # OF EMPLOYEES					
IS RECORD ACCURATE?		YES□ No□						
GROSS WAGE PAID: \$		NET PAID \$						
Weekly□	BI-WEEKLY □	Semi-monthly □	Monthly □	Other □				
PAY RATE: \$	OVERTIME RATE PAID: \$_		PER HOUR AFTER	HOURS PER WEEK				
Number of meals furnished per day:								
Uniform furnished by	EMPLOYER:	YES□ No□						
LAUNDERED BY EMPLOYE	R:	YES □ No □						
SECTION 3 REMARKS								