

## D.C. OFFICE OF WAGE-HOUR: DOMESTIC WORKER CLAIM FORM

PRELIMINARY QUESTIONS		
DO YOU NEED TRANSLATIONS THROUGHOUT THE INVESTIGATION OF YOUR	R CLAIM? YES  No	
If yes, what is your primary language?		
DID AN EMPLOYMENT AGENCY REFER YOU TO YOUR EMPLOYER? YES $\Box$ N	o 🗆	
DO YOU HAVE A CONTRACT WITH YOUR EMPLOYER? YES ☐ NO ☐ IF YES	S, PLEASE ATTACH A COPY.	
SECTION 1 PERSONAL INFORMATION		
YOUR FULL NAME:		
STREET ADDRESS:		7.0
CITY:		ZIP:
PHONE NUMBER:	EMAIL:	
SECTION 2 EMPLOYER'S INFORMATION		
EMPLOYER'S FULL NAME:		
STREET ADDRESS:		
STREET ADDRESS.		
CITY:		ZIP:
	STATE:	
CITY:	STATE:	
CITY:  DAYTIME PHONE NUMBER:EMAIL:  DO YOU WORK AT THE SAME ADDRESS? YES  NO IF NO, WHERE?	STATE:	
CITY: EMAIL: EMAIL:  DO YOU WORK AT THE SAME ADDRESS? YES \( \triangle \text{ NO} \( \triangle \text{ IF NO, WHERE?} \)  SECTION 3 EMPLOYMENT INFORMATION	STATE:	
CITY:	STATE:HOURLY \( \square \) DAILY \( \square \)	
CITY: EMAIL: EMAIL:  DO YOU WORK AT THE SAME ADDRESS? YES \( \triangle \text{ NO} \( \triangle \text{ IF NO, WHERE?} \)  SECTION 3 EMPLOYMENT INFORMATION	STATE:HOURLY \( \square \) DAILY \( \square \)	
CITY:	STATE: HOURLY □ DAILY □	
CITY:	STATE:  HOURLY   DAILY   ONTRACT ENDED	Weekly  Biweekly
CITY:	STATE:HOURLY □ DAILY □ DNTRACT ENDED □  URSDAY □ FRIDAY □ SATUR	WEEKLY  BIWEEKLY  DAY
CITY:	HOURLY  DAILY  DINTRACT ENDED  RSDAY  FRIDAY  SATUR  AM  PM  TOTAL HOU	WEEKLY  BIWEEKLY   DAY   DAY   JIRS PER WEEK:
CITY:	STATE: HOURLY □ DAILY □ DNTRACT ENDED □  FRSDAY □ FRIDAY □ SATUR  AM □ PM □ TOTAL HOU  END TIME: AM □	WEEKLY  BIWEEKLY   DAY   JRS PER WEEK:   PM

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## **SECTION 4 ADDITIONAL EMPLOYMENT INFORMATION**

WHAT IS YOUR PAY PERIOD? DAILY  WEEKLY  BIWEEKLY  MONTHLY  LAST PAY DATE://						
HOW ARE YOU PAID? CASH □ CHECK □ DIRECT DEPOSIT □ PAY CARD □ DO YOU GET PAY STATEMENTS? YES □ NO □						
What are your work duties? In-Home Child Care $\Box$ In-Home Adult Care $\Box$ Housekeeping $\Box$ Laundry $\Box$						
FOOD PREPARATION AND CLEAN-UP   Driving   Other, Specify:						
Does your employer provide meals? Yes $\square$ No $\square$ Do you live on your employer's property? Yes $\square$ No $\square$						
IF YES, DESCRIBE YOUR ACCOMMODATIONS:						
Does your employer provide paid leave? Yes $\square$ No $\square$						
<b>Does your employer provide Worker's Compensation insurance?</b> Yes $\square$ No $\square$						
SECTION 5 CLAIM TYPE						
<b>Do you want to file a claim for minimum wage?</b> Yes $\square$ No $\square$ If yes, go to section 6.						
<b>Do you want to file a claim for overtime or unpaid wages?</b> Yes $\square$ No $\square$ If yes, go to section 6.						
<b>DO YOU WANT TO FILE A CLAIM FOR ACCRUED SICK AND SAFE LEAVE?</b> YES $\square$ No $\square$ IF YES, GO TO SECTION 7.						
<b>Do you want to file a claim for retaliation?</b> Yes $\square$ No $\square$ If yes, go to section 8.						
<b>Do you want to file a claim for other provisions of your contract?</b> Yes $\Box$ No $\Box$ If yes, what is the reason for						
YOUR CLAIM:						
SECTION 6 MINIMUM WAGE CLAIM/OVERTIME/UNPAID WAGES						
WHEN DID YOU WORK AND NOT GET PAID?						
DATE RATE HOURS AMOUNT DATE RATE HOURS AMOUNT						
/TO/\$X=\$TO/\$X=\$						
/TO/ \$X =\$/TO/ \$X =\$						
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**Does your employer keep a record of your work hours?** Yes, by computer/phone  $\square$  Yes, on paper  $\square$  No  $\square$ 

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## SECTION 6 OVERTIME/MINIMUM WAGE CLAIM CONTINUED

HAVE YOU ASKED	FOR YOUR UNPAI	<b>D WAGES?</b> No □ IF YES, WI	HEN? DATE/ DATE/_	/ Date//	
WHAT REASON D	ID YOUR EMPLOYEI	R GIVE FOR NOT PAYING YOU?			
HAVE YOU BEEN	PAID WITH ANY BA	AD CHECKS? YES \( \square\) No \( \square\)	IF YES, PROVIDE DETAILS BELOW:		
Снеск #	_ Снеск Date:	_// Амт: \$	Снеск # Снеск Date:,	// Амт: \$	
Снеск #	_ Снеск Date:	_// Амт: \$	Снеск # Снеск Date:,	// Амт: \$	
TOTAL AMOUNT	OF BAD CHECKS	S SUBMIT A PHO	TOCOPY OF ALL BAD CHECKS RECEIVE	D FROM YOUR EMPLOYER.	
LIST ANY ADVAN	CES RECEIVED FOR	R UNPAID WAGES? DATE:	// Amt: \$ Date _	_// AMT: \$	
SECTION 7 ACCR	EUED SICK AND SA	FE LEAVE CLAIM			
WHAT DATES DID YOU REQUEST LEAVE THAT WAS DENIED OR UNPAID?					
DATE	Hours	PAY RATE	AMOUNT CLAIMED		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
_/_/		\$	\$		
		TOTAL AMOUNT CLAI	MED \$		
How did you no	OTIFY YOUR EMPL	OYER THAT YOU WANTED SIO IF THE REQUEST WAS WRIT	CK LEAVE?TEN, PLEASE PROVIDE A COPY.		
WHY DID YOUR E	EMPLOYER SAY TH	E LEAVE WAS DENIED?			
DOES YOUR EMPI	LOYER HAVE A SICI	K LEAVE POLICY? YES  IF Y	YES, PLEASE PROVIDE A COPY. NO $\Box$		
HAVE YOU USED A	ANY SICK LEAVE SI	NCE YOU STARTED YOUR JOB	?YES □ NO □		
IF YES, P	LEASE LIST THE DA	TES YOU TOOK SICK LEAVE:			
_/_/	//		/_///	_/	
HAVE YOU USED A	ANY VACATION LEA	AVE SINCE YOU STARTED YOU	r job? Yes □ No □		
IF YES, P	LEASE LIST THE DA	TES YOU TOOK VACATION:			
_/_/	//	//		_/	

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## **SECTION 8 RETALIATION CLAIM**

WHAT CHANGES HAPPENED AT WORK THAT CAUSE YOU TO FILE A COMPLAINT?
TERMINATION $\square$ SUSPENSION $\square$ SCHEDULE CHANGE $\square$ THREAT $\square$ FORCED RESIGNATION $\square$
OTHER:
WHEN DID THE CHANGE HAPPEN OR START?/
WHAT HAPPENED?
Section 9 Verification
YOUR CLAIM WILL BE REVIEWED FOR ADMINISTRATIVE ACTION ACCORDING TO D.C. CODE § 32-1308.01.
ADDITIONAL INFORMATION MAY BE REQUESTED.
UNDER PENALTY OF PERJURY, I SWEAR THAT THE INFORMATION I HAVE GIVEN ON THIS COMPLAINT FORM IS TRUE AND ACCURATE. I
AUTHORIZE THE OFFICE OF WAGE-HOUR TO RELEASE ANY AND ALL INFORMATION CONTAINED IN MY COMPLAINT FILE TO MY
EMPLOYER, TO INVESTIGATE MY CLAIM, AND TO TAKE ANY ACTION DEEMED NECESSARY TO RESOLVE THE CLAIM.
SIGNATURE: DATE:/ ORIGINAL SIGNATURE REQUIRED
ORIGINAL SIGNATURE REQUIRED
Under penalty of perjury, I hereby certify that the claimant named above, who requires assistance due to
DISABILITY OR INABILITY TO READ OR WRITE, AUTHORIZED ME TO COMPLETE THIS WAGE PAYMENT CLAIM FORM FOR HIM/HER. IF THE CLAIMANT WAS UNABLE TO SIGN THIS APPLICATION, I HAVE PRINTED MY NAME ON THE SIGNATORY LINE.
THE CLAIMANT WAS CIVABLE TO SIGN THIS AFFEICATION, THAVE FINITED BIT NAME ON THE SIGNATURE LINE.
CICNAMYIDE
SIGNATURE: DATE:/ ORIGINAL SIGNATURE REQUIRED

SEND THIS FORM ALONG WITH COPIES OF YOUR SUPPORTING DOCUMENTATION TO:

owh.ask@dc.gov, or OFFICE OF WAGE-HOUR D.C. DEPARTMENT OF EMPLOYMENT SERVICES 4058 MINNESOTA AVENUE, NE, WASHINGTON, D.C. 20019 PHONE: (202) 671-1880 | FAX: (202) 673-6411

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