



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

### PRELIMINARY QUESTIONS

DO YOU NEED TRANSLATIONS THROUGHOUT THE INVESTIGATION OF YOUR CLAIM? YES ☐ NO ☐

IF YES, WHAT IS YOUR PRIMARY LANGUAGE? \_\_\_\_\_

DID AN EMPLOYMENT AGENCY REFER YOU TO YOUR EMPLOYER? YES ☐ NO ☐

DO YOU HAVE A CONTRACT WITH YOUR EMPLOYER? YES ☐ NO ☐ IF YES, PLEASE ATTACH A COPY.

### SECTION 1 PERSONAL INFORMATION

YOUR FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### SECTION 2 EMPLOYER'S INFORMATION

EMPLOYER'S FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU WORK AT THE SAME ADDRESS? YES ☐ NO ☐ IF NO, WHERE? \_\_\_\_\_

### SECTION 3 EMPLOYMENT INFORMATION

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CURRENT RATE OF PAY: \$\_\_\_\_\_ HOURLY ☐ DAILY ☐ WEEKLY ☐ BIWEEKLY ☐

EMPLOYMENT STATUS: STILL WORKING ☐ TERMINATED ☐ QUIT ☐ CONTRACT ENDED ☐

IF TERMINATED OR QUIT, WHEN? \_\_\_\_/\_\_\_\_/\_\_\_\_

IF TERMINATED OR QUIT, LAST DAY OF WORK: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF TERMINATED OR QUIT, WHY? \_\_\_\_\_

DAYS OF WORK: SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐

START TIME: \_\_\_\_\_ AM ☐ PM ☐ END TIME: \_\_\_\_\_ AM ☐ PM ☐ TOTAL HOURS PER WEEK: \_\_\_\_\_

MEAL BREAK: NO ☐ YES ☐ START TIME: \_\_\_\_\_ AM ☐ PM ☐ END TIME: \_\_\_\_\_ AM ☐ PM ☐

REST BREAK: NO ☐ YES ☐ START TIME: \_\_\_\_\_ AM ☐ PM ☐ END TIME: \_\_\_\_\_ AM ☐ PM ☐

REST BREAK: NO ☐ YES ☒ START TIME: \_\_\_\_\_ AM ☐ PM ☐ END TIME: \_\_\_\_\_ AM ☐ PM ☐

#### SECTION 4 ADDITIONAL EMPLOYMENT INFORMATION

**DOES YOUR EMPLOYER KEEP A RECORD OF YOUR WORK HOURS?** YES, BY COMPUTER/PHONE ☐ YES, ON PAPER ☐ NO ☐

**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 ☐ IN-HOME ADULT CARE ☐ HOUSEKEEPING ☐ LAUNDRY ☐

FOOD PREPARATION AND CLEAN-UP ☐ DRIVING ☐ OTHER, SPECIFY: \_\_\_\_\_

**DOES YOUR EMPLOYER PROVIDE MEALS?** YES ☐ NO ☐ **DO YOU LIVE ON YOUR EMPLOYER'S PROPERTY?** YES ☐ NO ☐

IF YES, DESCRIBE YOUR ACCOMMODATIONS: \_\_\_\_\_

**DOES YOUR EMPLOYER PROVIDE PAID LEAVE?** YES ☐ NO ☐

**DOES YOUR EMPLOYER PROVIDE WORKER'S COMPENSATION INSURANCE?** YES ☐ NO ☐

#### SECTION 5 CLAIM TYPE

**DO YOU WANT TO FILE A CLAIM FOR MINIMUM WAGE?** YES ☐ NO ☐ IF YES, GO TO SECTION 6.

**DO YOU WANT TO FILE A CLAIM FOR OVERTIME OR UNPAID WAGES?** YES ☐ NO ☐ IF YES, GO TO SECTION 6.

**DO YOU WANT TO FILE A CLAIM FOR ACCRUED SICK AND SAFE LEAVE?** YES ☐ NO ☐ IF YES, GO TO SECTION 7.

**DO YOU WANT TO FILE A CLAIM FOR RETALIATION?** YES ☐ NO ☐ IF YES, GO TO SECTION 8.

**DO YOU WANT TO FILE A CLAIM FOR OTHER PROVISIONS OF YOUR CONTRACT?** YES ☐ NO ☐ 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 ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____
____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____	____/____/____ TO ____/____/____	\$ ____	X ____	=\$ ____

**TOTAL AMOUNT OF UNPAID WAGES \$** \_\_\_\_\_

CONTINUED ON NEXT PAGE

**SECTION 6 OVERTIME/MINIMUM WAGE CLAIM CONTINUED**

**HAVE YOU ASKED FOR YOUR UNPAID WAGES?** No ☐ If YES, WHEN? DATE \_\_\_/\_\_\_/\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

WHAT REASON DID YOUR EMPLOYER GIVE FOR NOT PAYING YOU? \_\_\_\_\_

**HAVE YOU BEEN PAID WITH ANY BAD CHECKS?** Yes ☐ No ☐ If YES, PROVIDE DETAILS BELOW:

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_

**TOTAL AMOUNT OF BAD CHECKS** \$ \_\_\_\_\_ SUBMIT A PHOTOCOPY OF ALL BAD CHECKS RECEIVED FROM YOUR EMPLOYER.

**LIST ANY ADVANCES RECEIVED FOR UNPAID WAGES?** DATE: \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_

**SECTION 7 ACCRUED SICK AND SAFE LEAVE CLAIM**

**WHAT DATES DID YOU REQUEST LEAVE THAT WAS DENIED OR UNPAID?**

DATE	HOURS	PAY RATE	AMOUNT CLAIMED
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
___/___/___	_____	\$ _____	\$ _____
<b>TOTAL AMOUNT CLAIMED</b>		\$ _____	\$ _____

**HOW DID YOU NOTIFY YOUR EMPLOYER THAT YOU WANTED SICK LEAVE?** \_\_\_\_\_

IF THE REQUEST WAS WRITTEN, PLEASE PROVIDE A COPY.

**WHY DID YOUR EMPLOYER SAY THE LEAVE WAS DENIED?** \_\_\_\_\_

**DOES YOUR EMPLOYER HAVE A SICK LEAVE POLICY?** Yes ☐ If YES, PLEASE PROVIDE A COPY. No ☐

**HAVE YOU USED ANY SICK LEAVE SINCE YOU STARTED YOUR JOB?** Yes ☐ No ☐

IF YES, PLEASE LIST THE DATES YOU TOOK SICK LEAVE:

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

**HAVE YOU USED ANY VACATION LEAVE SINCE YOU STARTED YOUR JOB?** Yes ☐ No ☐

IF YES, PLEASE LIST THE DATES YOU TOOK VACATION:

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

## WHAT CHANGES HAPPENED AT WORK THAT CAUSE YOU TO FILE A COMPLAINT?

OTHER: \_\_\_\_\_

**WHAT HAPPENED?** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:**    /    /

OWH, DW Form, Rev 02/25