

WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Equal Rights Division

Office Use Only

LABOR STANDARDS COMPLAINT

Personal information you provide may be used for secondary purposes.
[Privacy Law, s. 15.04(1)(m)]

Return form for work done in Kenosha, Manitowoc, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth and Washington counties to:
Equal Rights Division, 819 North Sixth St., Milwaukee, WI 53203.

Return form for work done in the **rest of the state** to:
Equal Rights Division, P. O. Box 8928, Madison, WI 53708

PLEASE TYPE OR PRINT IN BLACK INK ALL APPLICABLE INFORMATION

COMPLAINANT INFORMATION	EMPLOYER INFORMATION
Your Name:	Business Name:
Your Street Address:	Business Street Address:
City, State, Zip Code:	City, State, Zip Code:
Date of Birth (mo/day/yr):	County Name:
Social Security Number:	Owner/Corporation Name:
Home Telephone Number (include area code) ()	Type of Business:
Work Telephone Number (include area code) ()	Business Telephone Number (include area code) ()

Check the appropriate box(es) below and summarize your complaint. If you need more space, use an additional sheet of paper and attach to this form. How much money do you think your employer owes you? Explain how you determined the amount due. Include the time period it is for. Be as specific as possible. If your claim is for vacation or other types of leave, please enclose copies of any written policies you have.

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|----------------------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Child Labor | <input type="checkbox"/> Unpaid Hours of Work | <input type="checkbox"/> One Day of Rest in Seven | <input type="checkbox"/> Medical Exams |
| <input type="checkbox"/> Minimum Wage | <input type="checkbox"/> Street Trades | <input type="checkbox"/> Deduction from Wages | <input type="checkbox"/> Personnel Records | <input type="checkbox"/> Seats for Workers |
| <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Commissions | <input type="checkbox"/> Bonus Pay | <input type="checkbox"/> Vacation/Holiday/Sick Pay | <input type="checkbox"/> Other |

Remember, the department does not assume your complaint is valid just because you have filed this form. In case of a dispute, it is your responsibility to prove that your complaint is valid.

YOU MUST ALSO COMPLETE THE BACK OF THIS FORM

EMPLOYMENT AND WAGE INFORMATION

You must ask for your wages before filing this complaint. What date did you ask? _____
 What did the employer say?

Pay Rate:	Hourly \$	Salary \$	Commission \$	Piece Rate/Flat Rate
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How often paid?
 Weekly Bi-Weekly Semi-Monthly Monthly Other (Specify): _____

Were tips received? Average amount of tips per day?
 Yes No If yes, were tips reported to employer? Yes No \$

Did you receive meals, lodging or anything else in addition to your wages? Yes No
 If yes, please explain:

Do you owe the employer for such things as advances, loans, merchandise or other? Yes No
 If yes, please explain:

How many hours did you usually work per day?	How many hours per week?	Does the Employer keep time records?
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Have **you** kept a record of: Hours worked? Check stubs? Deduction Slips? No records
 If you have a record of hours worked, submit with complaint.

Give your job title and briefly describe the kind of work you did:

At what address did you work: Address: _____	City: _____	State: _____	Zip: _____	County where work was done?
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You must complete this line. If unsure, please estimate month & year.
 First date worked: _____ Last date worked: _____ Reason for leaving:
 Quit Discharge Laid Off Other

Has employer filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed this claim in court or hired an attorney to collect your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a union to represent you? <input type="checkbox"/> Yes <input type="checkbox"/> No
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.Your Signature is required.	Today's Date
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The statements made on this complaint are true to the best of my knowledge. I understand that if the employer wants to review this complaint, it is an open record, and will be provided to the employer under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department.

CHILD LABOR - Complete if you were under age 18 at time of employment

Was a work permit issued? Yes No If yes, provide date permit was issued: _____

Are you still in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date you graduated: _____
Are you enrolled in any of the following: <input type="checkbox"/> Alternative School <input type="checkbox"/> GED/HSED Program <input type="checkbox"/> Home Schooling <input type="checkbox"/> Charter School	

Name of current or last school attended:	Address of current or last school attended:
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