

Labor Standards Complaint Form

Use this form to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, etc.

Note: This complaint form is available in languages other than English. Anyone working in New York State may make a complaint to the New York State Department of Labor. Be sure to read Information About Filing a Claim (LS223.2) before filling out this form.

Please answer all questions for each part related to your claim. Providing complete information helps us review your complaint and accept it for investigation. Return your completed form to the address above.

We will contact you if we do not have enough information to proceed or if your claim appears invalid. If you have questions about how to complete this form call (888) 469-7365.

We cannot accept the following wage or supplement claims:

- For work performed outside of New York State.
- From anyone employed in an administrative, executive, or professional capacity who earns over \$1300 gross per week (they are excluded from coverage under Sections 190[7] and 198-c[3]).
- From individuals employed by a public entity such as a town, county, or city.
- From individuals who are in business for themselves.
- For work performed on a public work project (use form PW-4).

Part 1. Person Filing Claim (Employee/Complainant Information)

1. Name:(first) _____ (middle) _____ (last) _____
2. Another name known by at work: _____
3. Mailing address: No: _____ Street: _____ Apt. # _____
City/town: _____ County: _____ State: _____ Zip code: _____
4. Phone: (_____) _____ 5. Other phone:(_____) _____
6. Email: _____ 7. Your primary/preferred language: _____

Part 2. Claim Filed Against (Business/Business Owner Information)

- 8a. Business name: _____
- 8b. Legal name (if different): _____
- 8c. Legal entity type: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation ☐ Other: _____
- 8d. Mailing address: No.: _____ Street: _____ Fl/Rm/Suite#: _____
City/town: _____ County: _____ State: _____ Zip code: _____
- 8e. Business phone: (_____) _____ 8f. Email: _____

- 9a. Owner(s) name(s) and title(s): _____
- 9b. Mailing address: No.: _____ Street: _____ Apt. #: _____
City/town: _____ County: _____ State: _____ Zip code: _____
- 9c. Owner phone: (_____) _____ 9d. Email: _____
10. Business type: ☐ restaurant ☐ retail store ☐ domestic help ☐ construction ☐ office ☐ other: _____
11. Business hours of operation: _____ 12. Total # of employees: _____
- 13a. Is the company still in business? ☐ Yes ☐ No 13b. If "No," when did business close? _____
14. Employer's bank name and location (attach copy of check or check stub): _____
15. Has the employer filed for bankruptcy? ☐ Yes ☐ No ☐ Unknown

Part 3. Person Filing Claim (Employment Information)

16. Your job title: _____ 17. Type of work you performed: _____
18. Date hired: _____ 19. Name and title of person who hired you: _____
20. Name/s of your manager/supervisor/foreman: _____
21. Name of person who paid your wages: _____
22. Worksite address: No.: _____ Street: _____ Fl/Rm/Suite#: _____
City/town: _____ County: _____ State: _____ Zip code: _____
23. Did you regularly travel outside New York State for work? ☐ Yes ☐ No
24. Your relationship with business: ☐ Still employed ☐ Discharged ☐ Quit ☐ Temporarily laid-off
- 25a. Last day worked: _____ 25b. Reason for leaving: _____
- 26a. Were you a member of a union? ☐ Yes ☐ No 26b. If "Yes," union name and Local no.: _____
- 27a. Your rate of pay: \$ _____ per ☐ Day ☐ Week ☐ Hour ☐ Other _____
- 27b. Your overtime rate of pay: \$ _____
- 28a. Did you earn tips on a regular basis? ☐ Yes ☐ No 28b. If "Yes," how much on average per hour? _____
- 28c. Has your employer kept your or any other employee's tips? ☐ No ☐ Yes – yours ☐ Yes – others'
- 28d. If "Yes," how much? Please Explain: _____
- 29a. What was your payday? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
- 29b. What period did this cover? (e.g. Sat through Fri) _____
30. How often were you paid? ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Other _____
31. How were your wages paid? ☐ Cash ☐ Check ☐ Direct Deposit ☐ Pay Card
☐ Combination: (please explain - e.g. part in cash and part by check) _____
- 32a. Were you required to wear a uniform? ☐ Yes ☐ No 32b. If "Yes," describe the uniform: _____
- 32c. Were uniforms free of charge? ☐ Yes ☐ No 32d. If "No," how were uniforms purchased and how much did they cost? _____

Part 4. Unpaid Wages Claim

Fill in this section if you are owed wages (see Part 6 if you are due overtime pay). Use one row for each week. Gross wages mean the amount earned before taxes or other deductions. Attach a separate sheet(s) for additional weeks, or to give more information.

A. Payroll Week Ending Date	B. Number of Days Worked in the Week	C. Hours Worked in the Week	D. Rate of Pay (Earned or Promised)	E. Illegal Deductions from Wages (e.g. fines, breakage, etc.)	F. Gross Wages Owed for the Week	G. Gross Wages Paid (If employer paid some of the wages owed write the amount here)	H. Difference Between Gross Wages Owed and Gross Wages Paid
Ex.: 4/4/2017	7	35	\$16.00 per hour		\$560 (CxD)	\$0	\$560 (F-G)
I. Total							

33a. If your paycheck was not honored by the bank, please provide check number and payroll week ending date. If available, provide a copy of the check: _____

33b. Claim Range: What time period does your wage claim cover?

Date from: _____ to: _____

Part 5. Unpaid Paid Sick Leave

Fill in this section for Paid Sick Leave you are owed. Section 196-b of the New York State Labor law requires employers with five or more employees or net income of more than \$1 million to provide paid sick leave to employees. On September 30, 2020, covered employees in New York State began to accrue leave at a rate of one hour for every 30 hours worked. On January 1, 2021, employees may start using accrued leave.

A. Time Period Paid Sick Leave Accrued	B. Amount of Paid Sick Leave Accrued	C. Date(s) when Paid Sick Leave used	D. Amount of Benefit Time Owed	E. Regular Rate of Pay	F. Amount of Benefit Payment Due
Ex.: 9/30/20-1/8/21	16.5 hours	1/11/21	8 hours	\$20/hour	\$160
G. Total					

Part 6. Unpaid Wage Supplement Claim

Fill in this section for wage supplements you are owed. Wage supplements are fringe benefit payments promised by the employer such as: vacation pay, expenses, and holiday pay, etc.

34. Explain the benefits promised or attach a copy of the written policy/handbook: _____

A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex.: Vacation pay	1/1/16–12/31/16	1/1/17	1 week	\$700	<input checked="" type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
G. Total					

Part 7. Unpaid Minimum Wage or Overtime Claim

Fill in this section if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime, or if you are owed extra pay for working 2 shifts in one day, or for working more than 10 hours in one day. Most employees must be paid at least the minimum wage and time and ½ if they work more than 40 hours per week.

35a. Are you paid the minimum wage for each hour worked? ☐ Yes ☐ No

35b. Are you paid time and ½ for the hours worked over 40? ☐ Yes ☐ No

35c. Are you paid any wages for the hours worked over 40? ☐ Yes ☐ No 35d. If "Yes," how much per hour? _____

35e. Are you paid an extra hour for working 2 shifts in one day or for working more than 10 hours in one day?

☐ Yes ☐ No

35f. If "No" to any of the above, please explain and fill in the schedule of your work week below: _____

A. Workday	B. Time Workday Started	C. Time Workday Ended	D. Time off for Meals	E. Total Hours
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
F. Weekly Total				

- 36a. Are the hours worked listed above the same every week? ☐ Yes ☐ No
- 36b. If "No," please provide your estimate of average number of hours worked per week: _____
- 36c. Are you owed call-in pay, or uniform maintenance pay? If yes, please explain and provide dates.

- 36d. Claim Range: What time-period does your minimum wage or overtime claim cover?
Date from: _____ to: _____
- 36e. Provide information on your regular and overtime rates of pay during the above claim range.
- | | |
|-----------------------------|------------------------------|
| Date from: _____ | to: _____ |
| Regular: \$ _____ per _____ | Overtime: \$ _____ per _____ |
| Date from: _____ | to: _____ |
| Regular: \$ _____ per _____ | Overtime: \$ _____ per _____ |
| Date from: _____ | to: _____ |
| Regular: \$ _____ per _____ | Overtime: \$ _____ per _____ |

Part 8. Non-Wage Complaint

Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.

The employer failed to:

- 37a. ☐ Provide a 30-minute meal period _____
Were you paid for the time worked when the employer failed to provide the meal period? ☐ Yes ☐ No
- 37b. ☐ Provide a wage statement (pay stub) _____
- 37c. ☐ Provide a day of rest _____
- 37d. ☐ Provide payment of employee wages by at least one of these permissible methods: Cash/Check/
Direct Deposit/Payroll Debit Card (Pay Card) _____
- 37e. ☐ Obtain written employee authorization for payment of wages by Direct Deposit or Payroll Debit Card.

- 37f. ☐ Provide a termination notice _____
- 37g. ☐ Provide a notice of pay rate with all required information _____
- 37h. ☐ Pay wages on time _____
- 37i. ☐ Pay wages "on the books" _____
- 37j. ☐ Provide for accrual of required New York State Paid Sick Leave _____
- 37k. ☐ Post required notices/Minimum Wage Poster _____
- 37l. ☐ Follow rules for employment of minors (under 18) _____
- 37m. ☐ Other _____

Part 9. Claim Background

- 38a. Did you ask for your wages? ☐ Yes ☐ No
- 38b. If "Yes," please explain. Who and when did you ask, and what happened?

38c. Have you already taken action, such as filing in small claims court or a lawsuit, to recover your wages?

☐ Yes ☐ No

38d. If "Yes," please explain: _____

Part 10. Claim Assistance

39a. Do you have a representative (e.g. private attorney, advocacy group)? ☐ Yes ☐ No

39b. If "Yes," provide name of person or group: _____

39c. Has this representative assisted you in filing this claim? ☐ Yes ☐ No

39d. Have you paid, or do you plan to pay, this representative? ☐ Yes ☐ No

39e. Do you want us to speak with this representative about your claim? ☐ Yes ☐ No

If so, representatives must submit a Letter of Representation (LS 11).

39f. Did anyone, other than the representative, help you fill out this form? ☐ Yes ☐ No

39g. If "Yes," who helped you and why did they help you? _____

Additional Comments/Useful Information:

By submitting this claim you acknowledge and understand that the NYSDOL will, in the discretion of the Commissioner of Labor's authority, evaluate your claim for investigation, determine the scope of investigation on any claim accepted, and will resolve claims as expeditiously as possible. The disposition of complaints and resolution of violations shall be determined by the Commissioner of Labor.

I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.

Claimant Signature

Date

Return your completed form to the address on Page 1.