



This form is used for complaints under the Pennsylvania Wage Payment and Collection Law. Persons returning this form should complete all parts, including the reverse side.

RETURN TO:

**Bureau of Labor Law Compliance 651 Boas St., Room 1301
 Harrisburg, PA 17121-0750
 Telephone: 717.705.5969 or
 1.800.932.0665
 FAX: 717.787.0517**

PLEASE PRINT:

Name of Person Filing Complaint _____

Address _____
STREET STATE ZIP CODE

Date of Birth _____

Telephone Number where you can be reached between 8:30 a.m. and 5:00 p.m. (_____) _____ - _____
(INCLUDE AREA CODE)

E-mail Address _____ Fax Number (_____) _____ - _____
(INCLUDE AREA CODE)

Type of Work Performed _____

Location of Employment _____
CITY COUNTY STATE ZIP CODE

Company Name, if any _____ Telephone (_____) _____ - _____

Contact Person (Against whom Wage Claim is filed) _____

Address _____
STREET COUNTY STATE ZIP CODE

Date Hired _____ Are you still employed by the named employer? Yes No

If no, provide the last date worked _____ Was your termination: Voluntary Involuntary

1. Was there a written contract of employment between you and the named employer? Yes No

If yes, please include a copy of the contract when submitting this complaint form.

2. What was your regular pay schedule? Weekly Bi-Weekly Monthly Other _____

3. Were wages paid to you in the form of a check? Yes No Other (cash) _____

4. What was your pay rate? Hourly \$ _____ Weekly \$ _____

Other, please explain _____

5. What is the total amount of wages you are owed? \$ _____

COMPLETE PAGE 2

WAGES CLAIMED ON OTHER SIDE ARE COMPUTED AS FOLLOWS:

| PAY PERIOD ENDING DATE | NUMBER OF HOURS WORKED THIS WEEK | RATE OF PAY PER HOUR, DAY, WEEK OR OTHER | TOTAL GROSS WAGES EARNED THIS WEEK | SPECIFY IF VACATION PAY, SICK LEAVE OR COMMISSION ARE OWED |
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NOTE: Failure to provide detailed information in the space provided above may make it impossible to pursue this claim on your behalf.

6. If known, provide the employer’s reason for refusal of payment: _____

7. Have any deductions been made from your pay without your written consent? Yes No
 If Yes, please explain _____

8. Do you owe any money to the named employer for any reason? Yes No If Yes, how much? \$ _____

9. Are you covered under a Collective Bargaining Agreement? Yes No
 If Yes, list the name and address of the union _____

You may use additional paper to summarize related information and wage computations.

Once we receive your Wage Complaint form, we will log it in and assign it to a Labor Investigator. The information shared in this complaint form is confidential. We do not inquire about immigration status.

NOTE: I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above claim of unpaid wages.

I hereby assign the said wages and all penalty wages accruing because of nonpayment thereof, also all liens securing said wages to the Secretary of Labor & Industry of the Commonwealth of Pennsylvania, and any Deputy or Representative authorized to act on the Secretary’s behalf, to collect under the provisions of Section 9.1(e) of the Wage Payment and Collection Law or Section 13 of the Pennsylvania Minimum Wage Act, Sec. 333.113.

Signature of Claimant _____ Date of Complaint _____

Signature of Parent or Guardian if Claimant is under 18 years of age _____

The Bureau will contact you for further information. Please notify the Bureau in the event that you are paid before the Bureau contacts you.

Department of Labor & Industry | Bureau of Labor Law Compliance

Auxiliary aids and services are available upon request to individuals with disabilities.
 Equal Opportunity Employer/Program