

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO

Re: Wage Complaint Form Instructions

Please fill out this form as completely and accurately as possible. Also, attach photocopies of any supporting information such as pay stubs, work logs, and correspondence from your employer. Please keep the originals for your records. Return the completed form and materials to:

**Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm 1813
Boston, MA 02108**

Before we can process your complaint, our office must receive full and complete information from you. Please check to make certain you have provided the following:

- Your employer's complete name and address, including zip code
- Description of the work you performed
- Amount of wages you are owed, and your hourly or weekly rate of pay
- Exact dates worked but not paid
- City or town where you worked
- Last date you worked
- Date you made a personal demand to your employer for unpaid wages, and your employer's response
- Copies of pay stubs
- If you claim unpaid vacation, include a copy of your employer's vacation policy
- Any information that would

After reviewing the material you provide, the Attorney Generals Office will determine whether or not conduct a preliminary investigation and whether further action is warranted. This may include the following:

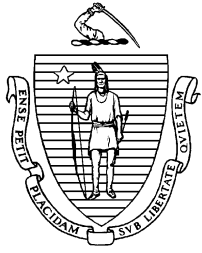
- Seeking restitution of your unpaid wages
- Issuing a civil citation against your employer
- Seeking criminal charges against your employer

If the Attorney General elects to institute a criminal or civil enforcement action, you will be required to be interviewed by and investigator from this office. Later, you may also need to appear at a hearing.

If you wish to file your own lawsuit, ninety days after filing a complaint with this office, you may sue your employer in civil court for your wages, plus triple damages and legal fees. You may also request written permission from the Attorney General's Office to proceed before the end of the ninety day waiting period.

Please note that it usually takes several weeks to review and conduct a preliminary investigation of your complaint.

Your complaint may be forwarded to your employer for response.



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Non-Payment of Wage and Workplace Complaint Form- Page 1

Please provide as much information as you can on this form and mail it to the above address.

Employee Information

First name _____ Middle name _____ Last name _____

Social Security Number* _____ Date of birth _____ Gender **M** _____ **F** _____
(month/day/year)

Current mailing address _____

City _____ State _____ Zip _____ Email _____

Home phone _____ Cell phone _____

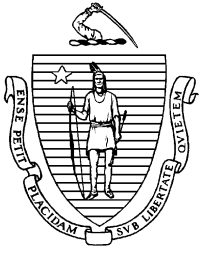
Emergency contact name and phone _____
(friend / family member who can reach you)

Mailing address _____ City _____ State _____ Zip _____

Start date of employment _____ End date of employment _____
(month/day/year) (month/day/year)

Please Read: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

*Providing a Social Security Number is voluntary. It will aid in processing your complaint, but we will proceed without one.



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Non-Payment of Wage and Workplace Complaint Form- Page 2

Name of Employee: _____

Do you speak English? **Yes** ___ **No** ___ What language would you prefer we contact you in? _____

What type of work did you perform? _____

Name of employer _____

Are you currently working for this employer? **Yes** ___ **No** ___

If applicable, reason for end of employment? **Quit** ___ **Discharged** ___

Did you sign a contract with the employer? **Yes** ___ **No** ___

Is an attorney representing you? **Yes** ___ **No** ___

Has a community organization or union helped you file this complaint? **Yes** ___ **No** ___

If yes, please provide name(s) of the attorney, organization, or union; as well as a contact person, address, and phone number. _____

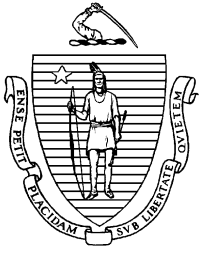
Did you ask to get paid the wages you are owed? **Yes** ___ **No** ___

If yes, what was the employer's response? _____

Have you taken any other action against the employer regarding this problem? **Yes** ___ **No** ___

If yes, please explain. _____

An employer does not have the right to threaten, discriminate, or retaliate against you because of your efforts to collect wages. If this has happened to you, please explain. _____



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Non-Payment of Wage and Workplace Complaint Form- Page 3

Employer Information. Please provide as much information as you can.

Company name _____

Other business name(s) used by employer _____

Company address _____ City _____ State _____ Zip _____

Company owner/president name _____ License plate number(s) _____

Owner/president home address _____ City _____ State _____ Zip _____

Owner/president phone (workplace, cell, and/or home) _____

If known, total number of employees in company _____ Local manager/supervisor name(s) _____

City/town(s) where work was performed _____

Reason for Filing Complaint. Check all that apply and provide details below. If you are not sure which category applies, just describe your situation below.

| | | |
|--|--|--|
| <input type="checkbox"/> Minimum wage violation | <input type="checkbox"/> Meal period violation | <input type="checkbox"/> Child labor |
| <input type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Overtime pay violation | <input type="checkbox"/> Unpaid commissions |
| <input type="checkbox"/> Vacation pay violation* | <input type="checkbox"/> Sunday overtime/holiday pay | <input type="checkbox"/> Failure to provide personnel records |
| | | <input type="checkbox"/> Other _____ <i>(specify "Other")</i> |

*If possible, please attach a copy of the company vacation policy.

Time period of violation(s) is from _____ to _____.
(month/day/year) (month/day/year)

Your most recent rate of pay? \$ _____ per **hour** or **week** *(circle one)* Total amount owed? \$ _____

Please provide **detailed** information about what happened and what you are owed. _____

CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

| | | |
|------------------|------------------------|--------------------|
| | | |
| <i>Signature</i> | <i>PRINT your name</i> | <i>Date signed</i> |