

Month, Day, Year

Office of the Attorney General
Fair Labor Division
1 Ashburton Place
Boston, MA 02108

To Whom It May Concern:

Enclosed please find my Non-Payment of Wages Complaint Form.

I am requesting that you waive the 90-day waiting period and issue a Private Right of Action in this matter so that I may pursue this case privately.

Thank you.

Sincerely,
(Signature)

Your Name (printed or typed)
Your Street Name and Number, (Apartment #)
Your City and State, Zip Code
Your Phone Number