

Do you have the right form? Use this form to file a complaint about:

- Unpaid wages for hours worked or payroll deductions you did not agree to (not including required taxes).
- Unpaid tips, gratuities, and service charges.
- Paid Sick Leave violations.
- Overtime not paid correctly.
- Meal or rest breaks not provided.
- Problems with uniform reimbursement.
- Youth employment violations.
- Warehouse quota and/or retaliation law were violated.

If your complaint is about something else, see the [Complaint Guide](#) for what form to complete.

All employees in Washington, regardless of immigration status, have a legal right to file a Worker Rights complaint. We can investigate wage complaints within 3 years of the date you should have been paid. Learn more about your rights at www.Lni.wa.gov/Workers-Rights.

Tips for completing this form:

- Try not to skip any questions. Fill out the form clearly and completely. The more information you can give us, the faster we can help you.
- Send us any documentation you have to support your complaint. Examples include: copies of pay stubs, time cards, bad checks, signed agreements, any communications with your employer, or even your personal calendar listing hours worked.

After you file your complaint, we will:

- Contact you to let you know we have received your complaint. We may ask you for more information before we can start the investigation.
- Contact your employer. L&I will tell your employer that you filed a wage/paid sick leave complaint and send a copy of your complaint. When investigating wage/paid sick leave complaints, employers must open their timekeeping and payroll records so we can determine if wages/paid sick leave are owed. Worker Rights Complaints are subject to public disclosure.
- Investigate your complaint. We will make a decision within 60 days **or** notify you if we need more time to investigate.

Complaints we cannot help with:

- A business in which you own at least a 20% share and actively manage.
- A business that owes money to a company you own.
- An employer who has filed for bankruptcy. You may file a "Proof of Claim" with the US Bankruptcy Court.
- Unpaid vacation, holiday pay, severance pay, or reimbursement for expenses including fuel.
- Non-Washington-based employees.
- A case you have already filed in court.

If you're being assisted with your complaint by a lawyer or advocate, please notify the investigating agent.

Continue to next page for form.



Employment Standards Program
360-902-5316 or 1-866-219-7321

For L&I's official use to process complaint	
WA Unified Business Identifier (UBI):	
CATS #:	NAICS #:

A. Worker Information

Preferred Language:				
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese Simplified	<input type="checkbox"/> Chinese Traditional
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other:	
Name (As it appears on your ID – First Last Name)				
Mailing Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address		
Date you started working for this employer		Are you still employed with this employer?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No", what was your last day of work?	Reason for leaving job			
	<input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't know			
What kind of work did you do?				

B. Employer Information

Employer Name (Business Name)	Employer Contact (Owner, Manager, or Supervisor) Name			
Employer Mailing Address	City	State	Zip Code	
Address Where You Worked (if not the same as above)	City	State	Zip Code	
Employer Phone Number	Employer Cell Phone Number			
Employer Email Address				
Type of Business (for example: construction, restaurant, etc.)				
Has the company filed for bankruptcy?		Is the employer still in business?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Bankrupt		

C. Wage Complaint Information – Skip to Section D if your complaint is *not* about wages.

<input type="checkbox"/> Final wages not paid.	<input type="checkbox"/> Unpaid tips, gratuities, service charges.
<input type="checkbox"/> Hours worked not paid.	<input type="checkbox"/> Overtime not paid correctly.
<input type="checkbox"/> Minimum wage not paid.	<input type="checkbox"/> Paid with non-sufficient funds (NSF) check.
<input type="checkbox"/> Agreed-upon wages not paid.	<input type="checkbox"/> Unauthorized deductions. Money taken out of check without my permission (<i>other than taxes</i>).
<input type="checkbox"/> Paid sick leave (<i>also see Section E</i>).	

Continue to next page

C. Wage Complaint Information Continued

Tell us in detail why you are filing this wage/paid sick leave complaint and what reason your employer gave for not paying. You may attach additional sheets if you need more room.

Rate of pay per \$	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	
Other rate of pay per: \$	Piece rate <input type="checkbox"/>	Commission <input type="checkbox"/>	Sq. Ft. <input type="checkbox"/>	Flat Rate <input type="checkbox"/>	Other (specify) <input type="checkbox"/> :

Wages owed:
From: _____ **To:** _____

For how many hours?	Partial payment received?	What pay is owed to you before taxes? \$
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Reason employer gave for not paying you. You may attach additional sheets if you need more room.

What relevant records are you able to provide to support your wage/paid sick leave complaint? You can either attach copies of your records to your complaint or submit them later to L&I.

- | | | |
|--|---|--|
| <input type="checkbox"/> Written wage/employment agreement | <input type="checkbox"/> Attendance records | <input type="checkbox"/> Texts, photos, emails |
| <input type="checkbox"/> Shift schedules | <input type="checkbox"/> Pay stubs | <input type="checkbox"/> Personal time records |
| <input type="checkbox"/> Copies of bad checks | <input type="checkbox"/> Copy of time card(s) | <input type="checkbox"/> Employee handbook |
| <input type="checkbox"/> Records of NSF fees | <input type="checkbox"/> Sick leave records | <input type="checkbox"/> Log books |
| <input type="checkbox"/> Other: | | |

Have you asked your employer for your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", on what dates did you ask?
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What were the scheduled payday(s) for the wages you are claiming?

How often are you paid?
 Daily Weekly Every other week Twice a month Monthly

Do you have a written employment agreement? If "Yes" attach a copy.
 Yes No

Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what is your union's name?
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Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are overtime hours recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Do you have pay stubs? If "Yes" attach copies. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have an attorney who has filed an action in court to collect these wages?
 Yes No **If "Yes", we cannot accept your complaint**

Do you owe your employer any money? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount owed \$	Do you have a written agreement? If "Yes" attach copies. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Why?

Continue to next page

Required Worker's Signature

- By submitting this form, I am confirming the information provided is accurate and true. I am also agreeing to cooperate and communicate with my assigned investigator. My name on this form below constitutes my signature.

Signature (Print or Type)

Date

For more information about your workplace rights and responsibilities in Washington, go to:
www.Lni.wa.gov/WorkplaceRights