



Retaliation Complaint Form (Minimum Wage Act & Paid Sick Leave)

[WAC 296-128-770](#) prohibits retaliation against employees for the exercise of employee rights provided by the Washington Minimum Wage Act ([49.46](#) RCW) or its rules. Employee rights in the Washington Minimum Wage Act, which are protected against retaliation include, but are not limited to: filing a wage complaint; exercising the right to paid sick leave, minimum wage, overtime, tips and gratuities; or, testifying or intending to testify in any such proceeding related to any rights provided under chapter [49.46](#) RCW. The Department of Labor & Industries investigates complaints of retaliation against employees for the exercise of any of the employee rights found in [49.46](#) RCW or its rules.

What employer actions are considered retaliation?

Retaliation is defined in [WAC 296-128-770](#) and includes “any adverse action” taken or threatened by your employer for the exercise of your protected rights. Examples include:

- Denying the use of, or delaying payment for, paid sick leave, minimum wages, overtime wages, all tips and gratuities, and all service charges except those itemized as not being paid to the employee.
- Terminating, suspending, demoting, or denying the promotion of an employee.
- Reducing the number of work hours for which the employee is scheduled.
- Altering the employee’s preexisting work schedule.
- Reducing the employee’s rate of pay.
- Threatening to take, or taking action, based upon the immigration status of an employee or an employee’s family member.

Other prohibited actions include:

- An employer adopting or enforcing any policy that counts the legitimate use of paid sick leave as an absence that may lead to or result in discipline by the employer against the employee.
- An employer interfering with, restraining, or denying the exercise of any the employee rights found in [49.46](#) RCW.

Please note: the actions above are not an exhaustive list of actions, which can be considered retaliation. Other adverse actions taken against you for the exercise of your protected rights may also be investigated.

Retaliation complaints will not be accepted when:

- You are part owner (including family owned) of the business, or a governing member of the business.
- Your complaint is about unpaid vacation, holiday pay, severance pay, or reimbursement for expenses including fuel.
- Your complaint is about an employer not providing prescribed rest breaks and/or meals.
- You are claiming retaliation against a business while working out of state for a non-Washington employer.
- Your complaint is about protected leave, missing wages or wages owed, prevailing wages, or an issue of safety and/or health; however...

On separate complaint forms, L&I accepts for the following complaints:

[Worker Rights Complaint form](#) (F700-148-000) for general wages, paid sick leave, or other worker rights issues that are not protected under the Minimum Wage Act.

[Protected Leave Complaint form](#) (F700-144-000) for family leave, family care, leave for victims of domestic violence, sexual assault or stalking, spouse military leave, leave for voluntary firefights on the scene.

[Prevailing Wage Complaint form](#) (F700-146-000) for wage complaints related to public works projects.

How to file your retaliation complaint:

- **Complete and sign** the attached form. Use a separate sheet of paper if you need more space to explain your complaint.
- Attach any documents, pay statements, letters, or other information you have that relates to your complaint, including employer correspondence, if any.
- Mail the form to the Department of Labor & Industries, Employment Standards Program, PO Box 44510, Olympia, WA 98504-4510 or bring it to L&I at 7273 Linderson Way SW, Tumwater, WA 98501-5414.
 - Important: If you are moving or have a new telephone number let us know right away. Call 360-902-5316 or 1-866-219-7321. If the Department cannot contact you, it may delay the investigation.
- **After the Department receives your complaint**, the complaint will be assigned to an Industrial Relations Agent for an investigation. Due to the nature of the investigation, it will be necessary for the investigator to tell your employer that you filed a complaint.

Timelines and next steps for the investigation:

- **Timeliness:** The Department will evaluate your complaint for timeliness. An employee must file a complaint within 180 days of the alleged retaliatory action. The Department may, at its discretion, extend the 180 day period on recognized equitable principles or if extenuating circumstances exist.
- **Acceptance:** In some cases, the Department may seek additional information from you before assigning your complaint to an agent. The Department will need enough information from you to determine that there is a prima facie case for retaliation. In other words, the Department needs to be able to see that you exercised one of your rights under 49.46 RCW and that your employer took an adverse action against you in connection with exercising your rights. The Department may not accept your complaint if there is no prima facie case for your complaint based upon the information provided to us. In some cases, the Department may refer you to another state or federal agency if other types of discrimination or retaliation are evident.
- **Investigation:** If your complaint is accepted, the Department will investigate your complaint. You will be contacted by an agent once your complaint has been assigned. The agent assigned to your complaint will have 90 days to conduct an investigation unless good cause exists to extend the investigation. You will be notified if the investigation needs to be extended. The agent will gather evidence from you, your employer, and anyone else who is identified as possessing relevant evidence. The agent will review the evidence submitted to determine if there is a link between the exercise of your employee rights and the adverse action taken against you.
- **During the Investigation:** If you reach a mutual agreement with your employer to remedy the retaliatory action, you may withdraw your complaint. You may also ask to withdraw your complaint at any time during the investigation by providing a written statement to the agent assigned to your complaint. The Department will generally grant voluntary requests to withdraw.
- **After the Investigation:** Once the agent has completed their investigation, the Department will either issue a Notice of Assessment against the employer if we have found sufficient evidence to substantiate your complaint, or they will issue a Determination of Compliance if they are unable to substantiate the complaint based upon the available evidence. The employer or employee may request reconsideration of or appeal the department's decision.



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Employment Standards Program
PO Box 44510
Olympia WA 98504-4510

Email: ESGeneral@Lni.wa.gov
Phone: 360-902-5316

**Complete this form in full. The employee may
attach additional information on separate pages.**

Employee Information		
Name (First, Middle Initial, Last)		
Address		
City	State	Zip Code
Home Phone Number	Cell Phone Number	
Email Address		

Alternate Contact — We need contact information for someone who will always know how to reach you. (Do not use your contact information.)	
Alternate Contact Name	
Alternate Contact Phone Number	Alternate Contact Email Address

Business Information	
Business Name	Business Phone Number
Business Address	
City	State Zip Code

Supervisor's Name	Supervisor's Phone Number
Supervisor's Email Address	

Human Resources Point of Contact Name	Human Resources Point of Contact Phone Number
Human Resources Point of Contact Email Address	

Union Point of Contact Information (if applicable)
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Others Knowledge (e.g. other employees with knowledge of retaliation)

What additional information would this person(s) provide to support your claim?

Retaliation Details

INSTRUCTIONS: Please see the instructions sheet to help you answer the following questions. Give a written statement to each question. An incomplete form will result in delays.

Date(s) of Retaliation

What was the nature of the retaliation or discrimination? (Check all that apply)

- Termination
- Suspension
- Demotion
- Change in hours
- Change in pay
- Disciplinary action/written warning
- Negative performance evaluation
- Transfer

Took action or threatened to take action based on:

- Immigration status
- Immigration status of a family member
- Other (explain):

Denied/Delayed Payment of:

- Wages
- Overtime pay
- Tips or service charges
- Paid sick leave

What Minimum Wage Act right did you exercise? (Check all that apply)

- Filed a wage complaint
- Requested to be paid at least minimum wage
- Requested overtime pay
- Requested payment of tips or service charges
- Testified or intended to testify in a proceeding of the Department

- Requested use, accrual, or other rights related to paid sick leave

Dates requested/used:

Briefly describe the circumstances of the retaliation.

Briefly describe why you believe the employer took this action

Have you filed a complaint with any other agency? No Yes If "Yes", please identify the agency/agencies and date of filing.

Briefly describe what kind of remedy you are seeking. What do you hope happens as a result of filing this complaint?

Signature

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection.

Print Name

Title

Signature

Date