

**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](http://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.**

# Worker Rights Complaint Form

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Is the employer still in business? <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> ).	

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### 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?  
\$

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?

☐ Yes ☐ No

If "Yes", on what dates did you ask?

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?

☐ Yes ☐ No

If "Yes", what is your union's name?

Were you paid straight time for overtime hours?

☐ Yes ☐ No

Are overtime hours recorded?

☐ Yes ☐ No

Do you receive pay stubs?

☐ Yes ☐ No ☐ Don't Know

Do you have pay stubs? If "Yes" attach copies.

☐ Yes ☐ No

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?

☐ Yes ☐ No

Amount owed

\$

Do you have a written agreement? If "Yes" attach copies.

☐ Yes ☐ No

Why?

**Continue to next page**

### C. Wage Complaint Information Continued

Do you have any property or equipment belonging to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", list:	
Were you under 18 years old during the period of your complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", enter your date of birth:	
Were other workers affected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If "Yes", how many?

### D. Non-Wage Complaint Information

What type of non-wage complaint are you filing? <input type="checkbox"/> Child labor laws were violated. For example: employer hired under-aged workers or did not follow working-hours rule for teen workers. <input type="checkbox"/> Employer did not provide required time for meal periods. <input type="checkbox"/> Employer did not provide required time for rest periods. <input type="checkbox"/> Employer did not pay for work uniforms. <input type="checkbox"/> Warehouse quota and/or related retaliation laws were violated.
Tell us in detail why you are filing this non-wage complaint. You may attach additional sheets if you need more room.
<i>If you have copies of any records that will help us understand your complaint, you will need to provide them.</i>

### E. Alleged Type of Paid Sick Leave Violation

<input type="checkbox"/> Not allowing me to use sick leave. <input type="checkbox"/> Not compensating me for paid sick leave used. <input type="checkbox"/> Not allowing me to carry over the unused paid sick leave. <input type="checkbox"/> Not providing me regular notification of paid sick leave balance. <input type="checkbox"/> Other:	
When did you ask for leave?	How much leave did you have in the bank?

### F. Alternate Contact Information

We need the contact information for someone who will always know how to reach you. Please don't write your own address or phone number.

Contact Name			
Mailing Address		City	State Zip Code
Home Phone Number	Cell Phone Number	Email Address	

**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.

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Signature (Print or Type)

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Date

*For more information about your workplace rights and responsibilities in Washington, go to:*  
[www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights)