

Minimum Wage Act Retaliation Complaint Form

Before you start, make sure you have the right form

If your complaint about your employer is:	Use this form / contact:
About exercising a right protected under the Minimum Wage Act such as paying you minimum wage for all hours worked; overtime pay for working more than 40 hours; paying you all tips and services charge you've earned.	This form. Go to next page. Contact: Minimum Wage 1-866-219-7321 360-902-5316 ESGeneral@Lni.wa.gov
About issues related to Family Care Act, leave for victims of domestic violence, sexual assault or stalking, emergency services personnel and military spousal leave.	Protected Leave Complaint Form (F700-144-000) Contact: Employment Standards Protected Leave 360-902-4930 or 866-219-7321 ProtectedLeave@Lni.wa.gov
About Family Medical Leave Act (FMLA)	Contact: US Department of Labor 1-866-487-9243 or 206-398-8039
About Washington Paid Family & Medical Leave (PFMLA)	Unlawful Acts Complaint Form Contact: Employment Security Department 1-833-717-2273
About protected classes including race, religion, sex, national origin, age, sexual orientation, gender, whistleblower status, and disabilities	File a complaint for with Human Rights Commission Contact: Human Rights Commission (HRC) 1-800-223-3247 or Equal Employment Opportunity Commission (EEOC) 1-800-669-4000
About retaliation for exercising a workplace safety and health right.	DOSH Retaliation Complaint Form Contact: Division of Occupational Safety & Health (DOSH) 360-902-6088
About retaliation for filing a workplace injury claim or the employer prevented you from filing a workplace injury claim.	Industrial Insurance Discrimination Complaint Form Claim Suppression Complaint Form Contact: L&I Industrial Insurance Discrimination L&I Claim Suppression 1-866-324-3310 CSIIDComplaints@Lni.wa.gov

For other issues related to discrimination or retaliation, see the [Complaint Guide](#) for what form to complete.

Do you have the right form?

This complaint form is for if your Washington state employer retaliated against you for exercising a right protected under the Minimum Wage Act, such as your right to:

- Be paid at least Washington State Minimum Wage for all hours worked;
- Be paid overtime pay for working more than 40 hours in a workweek;
- Accrue and use Washington State paid sick leave;
- Received tips and service charges you have earned;
- To file a complaint for Minimum Wage Act protections; or
- To testify or intent to testify in any such proceeding related to any of the above listed Minimum Wage Act rights.

Note: Additional protections are available for workers when employers use immigration-related threats to discourage or retaliate against the usage of certain workplace rights.

For other issues related to discrimination or retaliation, see the [Complaint Guide](#) for what form to complete.

Washington is an at-will state meaning that employers do not need to establish cause or give notice before firing an employee. Workers are protected, however, from termination or retaliation for exercising a protected right or for filing a complaint under certain employment laws including the Minimum Wage Act.

Examples of Minimum Wage Act retaliation include: termination, suspension, reduction of hours or pay, threatening or taking action based on your or your family's immigration status, write-ups, verbal warnings, negative attendance points, etc.

All employees in Washington who are subject to Minimum Wage Act protections, regardless of immigration status, have a legal right to file a complaint with L&I. We can investigate Minimum Wage Act retaliation complaints filed within 180 days of the alleged retaliation. Learn more about your rights at www.Lni.wa.gov/Workers-Rights.

Tips for completing this form:

- Try to not 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 relevant documentation you have to support your allegations. Examples include: copies of pay stubs, time cards, employee policies, any communications with your employer such as emails or text messages, discipline or termination notice, or paid sick leave balances and accrual, or any relevant documentation you have to support your side of the dispute.

How to file your Minimum Wage Act Retaliation Complaint:

- Mail the completed complaint form and supporting documentation to:
Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
- Visit your nearest [L&I office](#).
- Email to: ESGeneral@Lni.wa.gov

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 to determine if we can accept your complaint before we start the investigation.
- If we accept your complaint, we will contact your employer to request their evidence in response to this complaint.



Minimum Wage Act Retaliation Complaint Form

Employment Standards Program

PO Box 44510

Olympia WA 98504-4510

Email: ESGeneral@Lni.wa.gov

Phone 360-902-5316 or 1-866-219-7321

A. Employee 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		
Job title and work duties			

B. Employer Information

Employer Name (Business Name)	Employer Contact (Owner, Manager, or Supervisor) Name
Employer Mailing Address	
City	State Zip Code
Employer Phone Number	Employer Email Address
Type of Business (for example: construction, restaurant, etc.)	

C. Retaliation Details (Required)

Date(s) of Retaliation	
What Minimum Wage Act right did you exercise? Check all that apply. Please note: if your allegations are not Minimum Wage Act protected your complaint may not be accepted. See the page 1 or the Complaint Guide for other retaliation and discrimination complaints.	
<input type="checkbox"/> Filed a wage complaint	<input type="checkbox"/> Requested to be paid at least minimum wage
<input type="checkbox"/> Requested overtime pay	<input type="checkbox"/> Requested payment of tips or service charges
<input type="checkbox"/> Paid Sick Leave-Related Concerns – Requested use, accrual, or other rights related to paid sick leave Dates requested/used: _____	
<input type="checkbox"/> Testified (participated) or intended to testify in a Minimum Wage Act violation complaint investigation conducted by L&I (for any issues listed above)	

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

- | | |
|--|--|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Change in hours |
| <input type="checkbox"/> Change in pay | <input type="checkbox"/> Disciplinary action / written warning |
| <input type="checkbox"/> Negative performance evaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Using immigration-related threats | |
| <input type="checkbox"/> Other (explain): | |

Denied / Delayed Payment of:

- | | |
|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Overtime pay |
| <input type="checkbox"/> Tips or service charges | <input type="checkbox"/> Paid sick leave |

Briefly describe the circumstances of the retaliation and why you the employer took this adverse action.

Have you filed a complaint with any other agency?

☐ Yes ☐ No

If "Yes", please identify the agency / agencies and the date of filing

Briefly describe what kind of remedy you are seeking.

D. Alternate Contact Information

We need the contact information for someone 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	

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