

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

- Minimum compensation not paid.
- Unpaid tips and gratuities.
- Money deducted from pay without permission.
- Not being able to accrue or use paid sick time.
- Not being paid for paid sick time.
- Paid sick time notification.
- No reimbursement for tolls, fees, or surcharges.
- Notice of rights.
- Notices of rights in my preferred language.
- Driver receipts.
- Weekly trip notices.
- Rideshare company retaliation against me.
- Other – please explain in Section C.

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

All rideshare drivers in Washington, regardless of immigration status, have a legal right to file a Driver Rights Complaint. We can investigate compensation complaints within 3 years of the date you should have been paid, beginning January 1, 2023. Learn more about your rights at www.Lni.wa.gov/TNCDrivers.

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 documentation you have to support your complaint. Examples include: copies of pay statements, receipts, signed agreements, any communications with the rideshare company, or even your personal record listing passenger rides.

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 the rideshare company. L&I will tell the rideshare company that you filed a Driver Rights Complaint and send a copy of your complaint. When investigating complaints, rideshare companies must open their timekeeping and pay records so we can determine if compensation/paid sick time are owed. Driver Rights Complaints are subject to public disclosure.
- Investigate your complaint. We will make a decision within 60 days (90 days for retaliation complaints) or notify you if we need more time to investigate.

Complaints we cannot help with:

- Compensation or other allegations you are claiming for is before the effective date of the law (January 1, 2023) or from more than 3 years ago.
- Passenger rides entirely outside of Washington.

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

Continue to next pay for form.

For L&I Use Only Complaint #
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Driver Rights Complaint Form

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

Section A – My Information

Preferred Language:				
<input type="checkbox"/> English	<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese Simplified	<input type="checkbox"/> Chinese Traditional
<input type="checkbox"/> Dari	<input type="checkbox"/> French	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oromo	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Russian	<input type="checkbox"/> Somali	<input type="checkbox"/> Soninke	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tigrinya
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other:			
Name (As it appears on your ID – First Middle Last Name)				
Mailing Address		City	State	Zip Code
Phone Number	Email Address			
Secondary Contact		Secondary Contact Phone Number		

Section B – Rideshare Company

Name of Company

Section C – Details Supporting Your Complaint

Date you started driving for this company	When did you last drive for this company?
My complaint is for the following period of time	
Start Date:	End Date:

Check all that apply:

<input type="checkbox"/> Minimum compensation not paid	<input type="checkbox"/> Unauthorized deductions	<input type="checkbox"/> Weekly trip notices are missing/wrong/incomplete
<input type="checkbox"/> Unpaid tips/gratuities	<input type="checkbox"/> Paid sick time	<input type="checkbox"/> Did not receive paid sick time notification
<input type="checkbox"/> No reimbursement for tolls, fees, or surcharges	<input type="checkbox"/> Company did not provide notice of rights or did not receive in preferred language	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Electronic receipt is missing/wrong/incomplete	<input type="checkbox"/> Other:	

Information needed to process your complaint.
The more questions you can answer, the faster we can process your complaint.

Compensation / paid sick time owed \$ _____ Hours: _____	# recorded passenger platform hours this period? _____
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Continue to next page

How often are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks	
What were the scheduled payday(s) for the compensation / sick time you are claiming?	Do you receive pay statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Have you asked the rideshare company for your compensation / sick time but were refused? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If "Yes", on what dates did you ask?
If you owe the rideshare company any money or have any of their property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If money, how much? \$
If you owe the rideshare company money or have their property, please describe. If you had a written agreement, L&I will need a copy.	
Did you receive partial payment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Were other drivers also not paid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tell us in detail why are filing this complaint and what reason the rideshare company gave for not paying. You may attach additional sheets if you need more room.	
What relevant records are you able to provide to support your complaint? You can either attach copies of your records or submit them later to L&I.	
<input type="checkbox"/> Rideshare company paid sick time policy	<input type="checkbox"/> Written authorization of deductions
<input type="checkbox"/> Weekly trip notices	<input type="checkbox"/> Driver receipts
<input type="checkbox"/> Personal trip records	<input type="checkbox"/> Other:

Section D – 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 constitutes my signature.

Signature (Print or Type)

Date

Next Steps:

- 1. Review and print the form.** Make sure the information is as completed and accurate as possible. Keep a copy for yourself.
- 2. Submit your form – you can mail or drop off your form to your local L&I office.** Need help finding your local office? Visit www.Lni.wa.gov/Offices.