

**Do you have the right form?** Use this form if you are an adult entertainer to file a complaint about the following issues:

- Leasing fee or other fee rate.
- Unpaid tips and gratuities.
- Not having the required establishment signage.
- Written contract not in compliance.
- Did not receive a termination or refusal to hire notice.
- Retaliation connected to the above listed issues.

**All adult entertainers in Washington, regardless of immigration status, have a legal right to file an Adult Entertainer Rights Complaint Form.** We can investigate most complaints within 3 years of the date you should have been paid, beginning January 1, 2025. Complaints of retaliation must be filed within 180 days after the retaliatory action. 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 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: supporting evidence relevant to your complaint, tip or gratuity records, signed contracts, any communications exchanged with adult entertainment establishment owners, or even your personal records.

### **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 adult entertainment establishment. L&I will inform the establishment about your complaint.
- Investigate your complaint.

### **Complaint we cannot help with:**

- Compensation or other allegations you are claiming before January 1, 2025 (the effective date of the law) or more than 180 days for retaliation complaints.

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

For L&I Use Only
Complaint Number:

If you have questions about the form, please contact L&I at 360-902-5316 or 1-866-219-7321.

## Section A – My Information (This document could be open to public disclosure)

Name and contact information are optional. We may be limited in our ability to investigate if we do not have this 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		
Secondary Contact Name		Secondary Contact Phone Number		

## Section B – Adult Entertainment Establishment

Establishment Name				
Mailing Address		City	State	Zip Code
Phone Number	Email Address			
Owner Name				
Mailing Address		City	State	Zip Code
Phone Number	Email Address			

## Section C – Details Supporting Your Complaint

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

Check all that apply:

### Compensation Concerns:

- I was charged too much for leasing fee or other fees.
- I didn't receive all of my tips or gratuities.
- I didn't receive all amounts owed to me.

**Administrative Concerns:**

- Required signs not posted.
- I wasn't given a written notice of reason(s) for termination or refusal to rehire me.
- Written contract does not contain everything required.

**Retaliation:**

- Retaliation for exercising any of the above listed rights.

**Other:**

- Other: provide explanation below:

Tell us in detail why are filing this complaint. 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"/> Written Contract         | <input type="checkbox"/> Personal compensation records |
| <input type="checkbox"/> Tip and gratuity records | <input type="checkbox"/> Terminator or rehire notice   |
| <input type="checkbox"/> Other:                   |  |

**Required Worker's Signature**

- By submitting this form, I am confirming the information provided in 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

**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** – Submit via email at: [AE@Lni.wa.gov](mailto:AE@Lni.wa.gov). **You can also mail or drop off your form to your local L&I office.** Need help finding your local office? Visit [www.Lni.wa.gov/offices](http://www.Lni.wa.gov/offices).