



Statement of Complaint
Wage Sharing Retaliation Form

Personal Information

Full Name _____

First

M.I.

Last

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer Information

Business Name _____

Business Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Type of Business _____

Owner's/Employer's Full Name _____

Owner's/Employer's Street Address (If known.) _____

City _____ State _____ Zip _____

Address Where Work Performed (If different.) _____

City _____ State _____ Zip _____

Owner's/Employer's Phone _____

Owner's/Employer's Email Address _____

Employment Information

Job Title _____

Description of Job Duties _____

Rate/Frequency of Pay _____

Currently Employed?: Yes No Terminated or Resigned? _____

Hire Date _____ Termination Date _____ Last Date Worked _____

Work Schedule (If still employed.) _____

Name of Supervisor _____ Contact Number _____

Claim Information

What actions have occurred at your employment causing you to make this claim? Circle **all** that apply.

- Termination Suspension Demotion Change In Hours Change In Pay Disciplinary Action
Written Warning Threats Transfer Forced To Resign

Other (Explain): _____

Date of Action _____

Name of Person(s) Delivering/Carrying Out Action _____

Title(s) _____

What reason did the employer give for the action? _____

What wage information was shared and with whom? _____

What type of resolution are you seeking? _____

