Division of Labor Standards
1220 Washington Ave.
Building 12, Room 185B
Albany, NY 12226

WE ARE YOUR DOL

NEW YORK STATE | Department of Labor

Office Use Only:
LS ID _____
LCM _____
PV ____ Priority _____
Taken by _____
Date ____ / ____ / _____

Labor Standards Complaint Form

Use this form to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, etc.

Note: This complaint form is available in languages other than English. Anyone working in New York State may make a complaint to the New York State Department of Labor. Be sure to read Information About Filing a Claim (LS223.2) before filling out this form.

Please answer all questions for each part related to your claim. Providing complete information helps us review your complaint and accept it for investigation. Return your completed form to the address above.

We will contact you if we do not have enough information to proceed or if your claim appears invalid. If you have questions about how to complete this form call (888) 469-7365.

We cannot accept the following wage or supplement claims:

- For work performed outside of New York State.
- From anyone employed in an administrative, executive, or professional capacity who earns over $900 gross per week (they are excluded from coverage under Sections 190[7] and 198-c[3]).
- From individuals employed by a public entity such as a town, county, or city.
- From individuals who are in business for themselves.
- For work performed on a public work project (use form PW-4).

Part 1. Person Filing Claim (Employee/Complainant Information)

1. Name:(first) _____ (middle) _____ (last) _____
2. Another name known by at work: _____
3. Mailing address: _____ Apt. #: _____ City/town: _____
   County: _____ State: _____ Zip code: _____
4. Phone: (_____) _____ - _____ 5. Other phone: (_____) _____ - _____
6. Email: _____ 7. Your primary/preferred language: _____

Part 2. Claim Filed Against (Business/Business Owner Information)

8a. Business name: _____

8b. Legal name (if different): _____

8c. Legal entity type: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation ☐ Other: _____

8d. Mailing address: _____ Fl/Rm/Suite#: _____ City/town: _____
County: _____ State: _____ Zip code: _____

8e. Business phone: (_____) _____ - _____ 8f. Email: _____

9a. Owner(s) name(s) and title(s):

9b. Mailing address: _____ Apt. #: _____ City/town: _____

County: _____ State: _____ Zip code: _____

9c. Owner phone: (_____) _____ - _____ 9d. Email: _____

10. Business type: ☐ Restaurant ☐ Retail Store ☐ Domestic Help ☐ Construction ☐ Office

☐ Other: _____

11. Business hours of operation: _____ 12. Total # of employees: _____

13a. Is the company still in business? ☐ Yes ☐ No 13b. If "No," when did business close? _____

14. Employer's bank name and location (attach copy of check or check stub): _____

15. Has the employer filed for bankruptcy? ☐ Yes ☐ No ☐ Unknown

Part 3. Person Filing Claim (Employment Information)

16. Your job title: _____

17. Type of work you performed:

18. Date hired: ____ / ____ / _____ 19. Name and title of person who hired you: _____

20. Name/s of your manager/supervisor/foreman: _____

21. Name of person who paid your wages: _____

22. Worksite address: _____ Fl/Rm/Suite#: _____ City/town: _____

County: _____ State: _____ Zip code: _____

23. Did you regularly travel outside New York State for work? ☐ Yes ☐ No

24. Your relationship with business: ☐ Still employed ☐ Discharged ☐ Quit ☐ Temporarily laid-off

25a. Last day worked: ____ / ____ / _____ 25b. Reason for leaving: _____

26a. Were you a member of a union? ☐ Yes ☐ No 26b. If "Yes," union name and Local no. _____

27a. Your rate of pay: $ _____ per ☐ Day ☐ Week ☐ Hour ☐ Other: _____

27b. Your overtime rate of pay: $ _____

28a. Did you earn tips on a regular basis? ☐ Yes ☐ No

28b. If "Yes," how much on average per hour? _____

28c. Has your employer kept your or any other employee's tips? ☐ No ☐ Yes – yours ☐ Yes – others'

28d. If "Yes," how much? Please explain: _____

29a. What was your payday? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

29b. What period did this cover? (e.g. Sat through Fri) _____

30. How often were you paid? ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Other: _____

31. How were your wages paid? ☐ Cash ☐ Check ☐ Direct Deposit ☐ Pay Card
☐ Combination: (please explain - e.g. part in cash and part by check) _____

32a. Were you required to wear a uniform? ☐ Yes ☐ No

32b. If "Yes," describe the uniform: _____

32c. Were uniforms free of charge? ☐ Yes ☐ No 32d. If "No," how were uniforms purchased and how much did they cost? _____

Part 4. Unpaid Wages Claim

Fill in this section if you are owed wages (see Part 7 if you are due overtime pay). Use one row for each week. Gross wages mean the amount earned before taxes or other deductions. Attach a separate sheet(s) for additional weeks, or to give more information.

A. Payroll Week Ending Date	B. Number of Days Worked in the Week	C. Hours Worked in the Week	D. Rate of Pay (Earned or Promised)	E. Illegal Deductions from Wages (e.g. fines, breakage, etc.)	F. Gross Wages Owed for the Week	G. Gross Wages Paid (If employer paid some of the wages owed write the amount here)	H. Difference Between Gross Wages Owed and Gross Wages Paid
Ex. 4/4/2017	7	35	$16.00 per hour		$560 (CxD)	$0	$560 (F-G)
						I. Total	

33a. If your paycheck was not honored by the bank, please provide check number and payroll week ending date. If available, provide a copy of the check: _____

33b. Claim Range: What time period does your wage claim cover?

Date from ___ / ___ / _____ to ___ / ___ / _____

Part 5. Unpaid Paid Sick Leave

Fill in this section for Paid Sick Leave you are owed. Section 196-b of the New York State Labor law requires employers with five or more employees or net income of more than $1 million to provide paid sick leave to employees. On September 30, 2020, covered employees in New York State began to accrue leave at a rate of one hour for every 30 hours worked. On January 1, 2021, employees may start using accrued leave.

A. Time Period Paid Sick Leave Accrued	B. Amount of Paid Sick Leave Accrued	C. Date(s) when Paid Sick Leave used	D. Amount of Benefit Time Owed	E. Regular Rate of Pay	F. Amount of Benefit Payment Due
Ex. 9/30/20-1/8/21	16.5 hours	1/11/21	8 hours	$20/hour	$160
			G. Total		

Part 6. Unpaid Wage Supplement Claim

Fill in this section for wage supplements you are owed. Wage supplements are fringe benefit payments promised by the employer such as: vacation pay, expenses, and holiday pay, etc.

34. Explain the benefits promised or attach a copy of the written policy/handbook:

A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex. Vacation pay	1/1/16–12/31/16	1/1/17	1 week	$700	☑ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
			G. Total		

Part 7. Unpaid Minimum Wage or Overtime Claim

Fill in this section if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime, or if you are owed extra pay for working 2 shifts in one day, or for working more than 10 hours in one day. Most employees must be paid at least the minimum wage and time and ½ if they work more than 40 hours per week**.**

35a. Are you paid the minimum wage for each hour worked? ☐ Yes ☐ No

35b. Are you paid time and ½ for the hours worked over 40? ☐ Yes ☐ No

35c. Are you paid any wages for the hours worked over 40? ☐ Yes ☐ No

35d. If "Yes," how much per hour? _____

35e. Are you paid an extra hour for working 2 shifts in one day or for working more than 10 hours in one day?
☐ Yes ☐ No

35f. If "No" to any of the above, please explain and fill in the schedule of your work week below:

A. Workday	**B. Time Workday Started**	**C. Time Workday Ended**	**D. Time off for Meals**	**E. Total Hours**
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
			F. Weekly Total	

36a. Are the hours worked listed above the same every week? ☐ Yes ☐ No

36b. If "No," please provide your estimate of average number of hours worked per week: _____

36c. Are you owed call-in pay, or uniform maintenance pay? ☐ Yes ☐ No

If "Yes," please explain and provide dates: _____

36d. Claim Range: What time-period does your minimum wage or overtime claim cover?
Date from ___ / ___ / _____ to ___ / ___ / _____

36e. Provide information on your regular and overtime rates of pay during the above claim range.

Date from ___ / ___ / _____ to ___ / ___ / _____

Regular: $ _____ per _____ Overtime: $ _____ per _____

Date from ___ / ___ / _____ to ___ / ___ / _____

Regular: $ _____ per _____ Overtime: $ _____ per _____

Date from ___ / ___ / _____ to ___ / ___ / _____

Regular: $ _____ per _____ Overtime: $ _____ per _____

Part 8. Non-Wage Complaint

Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.

The employer failed to:

37a. ☐ Provide a 30-minute meal period _____
Were you paid for the time worked when the employer failed to provide the meal period?
☐ Yes ☐ No

37b. ☐ Provide a wage statement (pay stub) _____

37c. ☐ Provide a day of rest _____

37d. ☐ Provide a notice of pay rate with all required information _____

37e. ☐ Provide for accrual of required New York State Paid Sick Leave _____

37f. ☐ Post required notices/Minimum Wage Poster _____

37g. ☐ Follow rules for employment of minors (under 18) _____

37h. ☐ Other _____

Part 9. Claim Background

38a. Did you ask for your wages? ☐ Yes ☐ No

38b. If "Yes," please explain. Who and when did you ask, and what happened?

38c. Have you already taken action, such as filing in small claims court or a lawsuit, to recover your wages?
☐ Yes ☐ No

38d. If "Yes," please explain: _____

Part 10. Claim Assistance

39a. Do you have a representative (e.g. private attorney, advocacy group)? ☐ Yes ☐ No

39b. If "Yes," provide name of person or group: _____

39c. Has this representative assisted you in filing this claim? ☐ Yes ☐ No

39d. Have you paid, or do you plan to pay, this representative? ☐ Yes ☐ No

39e. Do you want us to speak with this representative about your claim? ☐ Yes ☐ No
If so, representatives must submit a Letter of Representation (LS 11).

39f. Did anyone, other than the representative, help you fill out this form? ☐ Yes ☐ No

39g. If "Yes." who helped you and why did they help you? _____

Additional Comments/Useful Information:

By submitting this claim you acknowledge and understand that the NYSDOL will, in the discretion of the Commissioner of Labor's authority, evaluate your claim for investigation, determine the scope of investigation on any claim accepted, and will resolve claims as expeditiously as possible. The disposition of complaints and resolution of violations shall be determined by the Commissioner of Labor.

I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.

_____ _____ / _____ / _____

Claimant Signature Date

Return your completed form to the address on Page 1.