

WE ARE YOUR DOL



Notification of Complainant Assistance and Point of Contact

This form should be submitted with the LS 223, LS 680, LS 710, LS 608.1, LS 608.2 at the time the complaint is filed, or at any point a complainant becomes represented on a Labor Standards matter.

Complainant representatives will receive notifications of complaint status.

Please see [Electronic Notice Option Form LS33](#) to receive notices electronically.

The Division of Labor Standards does not pursue claims from individuals who have retained paid private counsel or have taken private action to remedy the matter.

All fields must be completed.

1. Complainant/Client Information

Date: _____ Case File Identification Number (if known): _____

Complainant/Client Name: _____

Complaint Filed Against (Employer): _____

Subject of Complaint (e.g., minimum wage, overtime, etc.): _____

2. Complainant/Client Representative Information (submit a copy of retainer)

Organization/Firm Name: _____

Representative Name: _____

Title: _____

Choose One: Claimant Private Attorney Claimant Private Attorney Pro-Bono
 Claimant Advocate Other: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Are you being compensated by the complainant/client? Yes No

If yes, please explain: _____

3. Additional Information (please complete all sections)

Have you taken any action regarding the subject of the complaint (lawsuits, etc.)? Yes No

If yes, please provide details: _____

Have you corresponded with the employer or employer representative regarding the subject of the complaint or your client? Yes No

If yes, please provide details, and include copies of the correspondence: _____

Are you aware of any litigation regarding the subject of the complaint? Yes No

If yes, please provide the status and details: _____

Are you aware of any bankruptcies filed by the employer? Yes No

If yes, please provide details (docket number, etc.): _____

Were the employment conditions governed by a collective bargaining agreement? Yes No

If yes, please provide the union name: _____

Does your client have a grievance pending related to labor law issues? Yes No

4. Client/Member Authorization:

I authorize the above-named individual or organization to represent me in matters involving the following (check all that apply):

- My Labor Standards complaint/claim including completing and submitting a complaint form on my behalf.
- Permission to communicate or share information related to my Labor Standards complaint form as necessary.
- Permission to communicate or share information related to Law Enforcement Certification for a U and/or T Visa application.
- Permission to communicate or share information related to a Statement of Interest or Deferred Action request to the Federal Government.

Client/Member Signature: _____

5. Representative Signature:

By signing this form, I acknowledge and agree to inform the client about communications received from the Department's Supervising Investigator, including settlement updates, and information regarding case conferences, mediations, or hearings, attend case conferences or mediations as appropriate, and receive a copy of any order to comply should one be issued.