

Division of Labor Standards  
Harriman State Office Campus  
Building 12, Room 266B  
Albany, NY 12240

# WE ARE YOUR DOL



[www.labor.ny.gov](http://www.labor.ny.gov)

## Labor Standards Pay Equity Complaint Form Section 194

Use this form to file a complaint if:

Your employer does not pay you equally to other employees for similar work because you are in a protected class status.

An employer must base pay rates on a seniority system, a merit system, a system which measures earnings by quantity or quality of production, a factor such as education, training, experience, or another system which does not discriminate against those with protected class status.

Protected class status is age, race, creed, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, domestic violence victim status, or others protected by Section 296 of the Executive Law.

**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. Complaints for wages or other matters should be filed using the *form* LS223.

**Answer all questions.** Providing complete information helps us review your complaint and accept it for investigation.

**Mail your completed form to:** New York State Department of Labor  
Division of Labor Standards  
Harriman State Office Campus  
Building 12, Room 266B  
Albany, NY 12240

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.**

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

1. Name:(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_
2. Another name known by at work: \_\_\_\_\_
3. Mailing address: No: \_\_\_\_\_ Street: \_\_\_\_\_ 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: No.: \_\_\_\_\_ Street: \_\_\_\_\_ 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: No.: \_\_\_\_\_ Street: \_\_\_\_\_ 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: \_\_\_\_\_  
(also 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: \_\_\_\_\_ 18a. First date of work: \_\_\_\_\_
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: No.: \_\_\_\_\_ Street: \_\_\_\_\_ Fl/Rm/Suite#: \_\_\_\_\_  
City/town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
23. Did you regularly travel outside New York State for work?  Yes  No

25a. Last day worked: \_\_\_\_\_

25b. Reason for leaving: (Please explain your complaint and provide as much detail as possible.)

26a. Your rate of pay: \$\_\_\_\_\_ per  Day  Week  Hour  Other: \_\_\_\_\_

29a. Were you paid at a lesser rate than another employee in the same establishment, for equal work performed under similar working conditions?  Yes  No

29b. If "Yes," did this individual have seniority over you and/or did they possess more education, training or experience than you?  Yes  No

30. Are other employees also being discriminated against?

Please explain: \_\_\_\_\_

#### **Part 4. Claim Background**

30c. Have you already taken action, such as filing in small claims court or a lawsuit, to recover your wages?  
 Yes  No

30d. If "Yes," please explain: \_\_\_\_\_

#### **Part 5. Retaliatory Action**

31a. Did you complain to your employer about this or another labor law violation?  Yes  No

31b. If "Yes," what happened? \_\_\_\_\_

#### **Part 6. Claim Assistance**

32a. Do you have a representative (e.g. private attorney, advocacy group)?  Yes  No

32b. If "Yes," provide name of person or group: \_\_\_\_\_

32c. Has this representative assisted you in filing this claim?  Yes  No

32d. Have you paid, or do you plan to pay, this representative  Yes  No

32e. Do you want us to speak with this representative about your claim?  Yes  No

If so, representatives must submit a Letter of Representation (*form* LS 11).

32f. Did anyone, other than the representative, help you fill out this form?  Yes  No

32g. If "Yes." who helped you and why did they help you?

#### **Additional Comments/Useful Information:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_