



Labor Standards Salary History Complaint Form Section 194-a

Use this form to file a complaint for the following:

Salary History – Your employer or a prospective employer inquired about your salary history or sought salary history information from other sources or retaliated against you for refusing to provide a salary history information.

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. Other 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? _____

Part 3. Person Filing Claim (Employment Information)

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

Last day worked: _____

Reason for leaving: _____

Applicant only – was not employed (if applicant skip #15 - #21.)

15. Your job title: _____

16. Type of work you performed: _____

17. Date hired: _____ 17a. Date Promoted (if applicable): _____

18. Name and title of person who hired you: _____

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

20. Name of person who paid your wages: _____

21. Worksite address: No.: _____ Street: _____ Fl/Rm/Suite#: _____

City/town: _____ County: _____ State: _____ Zip code: _____

22. Please explain your complaint and provide as much detail as possible. Please include names of who sought your salary history information and the dates it occurred.

23. Did you provide prior wage or salary history to the employer? Was this voluntarily provided?
Please explain:

Signature: _____

Date: _____