

**WE ARE YOUR DOL**



Division of Labor Standards

**Letter of Representation – Complainant Representative**

This form should be submitted with the LS 223, LS 680, LS 710, LS 608.1 and/or 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:  Attorney  Advocate  Other: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

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 my complaint/claim including completing and submitting a complaint form. You have my permission to communicate or share information with my representative as necessary.**

Client/Member Signature: \_\_\_\_\_