



Department of Regulatory and Economic Resources
Consumer Protection Mediation Center
601 NW 1st Court, 18th Floor
Miami, FL 33136
Phone: 786-469-2333
Fax: 786-469-2303
E-mail: consumer@miamidade.gov
Web: www.miamidade.gov/business/consumer-protection.asp

Wage Theft Complaint Affidavit
Please provide all requested information.
Incomplete affidavits will be returned to complainant.

Complainant Contact Information

Name: _____
Address: _____ Suite/Apt. #: _____
City: _____ State: _____ Zip Code: _____
Daytime No: _____ Home No: _____
Cell No: _____ E-Mail: _____

NOTE: *If your address or telephone number should change after filing this form you must promptly notify the County. Your complaint will be closed if the County is unable to contact you.*

Were you referred to this office by the U.S. Department of Labor (DOL) or another government agency? ☐ DOL ☐ No ☐ Other _____

Have you filed a private legal action? ☐ Yes ☐ No
Has the employer filed for bankruptcy? ☐ Yes ☐ No
Is the employer out of business? ☐ Yes ☐ No

Employer Information

Complete (Legal) Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Extension: _____
Web URL: _____ Company's Email: _____

Owner/Supervisor's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Cell Phone#: _____
Email: _____

What type of wage theft are you alleging?

***Note: you may not file a claim for expenses.
Please provide all requested information.***

1. What type of back wages are you owed? Please check all that apply

<input type="checkbox"/> I was not paid at all for some or part of the time	<input type="checkbox"/> I was paid less than the required minimum wage
<input type="checkbox"/> I was not paid at the wage rate promised	<input type="checkbox"/> I was not paid for overtime hours that I worked
<input type="checkbox"/> Unauthorized deductions were taken from my pay	<input type="checkbox"/> I was required to work through breaks
<input type="checkbox"/> I was not paid commissions as promised	<input type="checkbox"/> I did not receive earned sick/vacation leave upon separation
<input type="checkbox"/> Other (please specify):	

2. What was your rate of pay?

Wage Rate: \$_____ Per: ☐ Hourly ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ By Piece

If you checked "I was not paid at the wage rate promised" above, what should have been your wage rate?

Promised wage rate: \$_____ Per: ☐ Hourly ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ By Piece

If you checked "I was not paid commissions as promised," how much are you owed and how were your commissions calculated?

3. What were the dates for which you were not paid?

Regular Hours (Insert Dates)	Overtime Hours (Insert Dates)
From:_____ To:_____	From:_____ To:_____
Total number of unpaid hours: _____	Total number of unpaid OT hours: _____
Does this include breaks you were required to work through? <input type="checkbox"/> YES <input type="checkbox"/> NO	

4. Are you owed additional earnings?

Total unauthorized deductions: \$_____	Total tips owed: \$_____
Total sick/vacation leave hours: _____	Total owed for earned leave: \$_____

5. Are you owed additional earnings not listed above?

TOTAL GROSS WAGE THEFT CLAIM

\$ _____

(You may not file a claim for expenses. Claims without an total amount cannot be processed)

Please explain how you calculated your total gross wage theft claim:

Other Required Information

Do you have any paystubs? (If yes, attach) ☐ YES ☐ NO

Do you have a W-2 from this employer (If yes, attach) ☐ YES ☐ NO

Did you keep a time record? (If yes, attach) ☐ YES ☐ NO

Did you make a written/oral request for your unpaid wages (If written, attach) ☐ YES ☐ NO

Was the work which is the subject of this wage theft complaint performed entirely within the geographical boundaries of Miami-Dade County? ☐ YES ☐ NO

Worksite Address: _____

City: _____ State: _____ Zip Code: _____

Job title: _____

Are you a tipped employee (waiter, bartender, etc.)? ☐ YES ☐ NO

Are you considered a subcontractor/independent contractor? ☐ YES ☐ NO

Date of hire: _____ Last day worked: _____

Is the business (your employer) still in operation? ☐ YES ☐ NO ☐ DO NOT KNOW

I am represented by an attorney or advocate who is not an attorney: ☐ YES ☐ NO

If yes, provide:

NAME _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Extension: _____

By submitting this complaint affidavit, I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes.

Signature

____/____/____
Date

By submitting this complaint affidavit I declare, under penalties of perjury, that I have read the foregoing complaint affidavit, that the facts stated in it are true and that any supporting documentation I submit will be copies of genuine documents.

Signature

____/____/____
Date

By submitting this complaint affidavit, I hereby agree to participate in any conciliation efforts by the Consumer Protection Mediation Center, and I hereby request a hearing on this complaint before a Hearing Examiner, should conciliation efforts fail.

Signature

____/____/____
Date

By submitting this complaint affidavit, I understand that I am solely responsible for collecting any award I may receive at hearing and further understand my complaint is a public record and that a copy of this complaint will be sent to the employer for their response.

Signature

____/____/____
Date

Complainants must sign and date acknowledging each of the mandatory disclaimers noted above. You may either print, sign/date, scan and email the executed complaint affidavit to consumer@miamidade.gov, or e-sign by placing a “/s/” at the beginning of the signature block, save and email to consumer@miamidade.gov.

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Fla. Stat.

For further information about the Miami-Dade County Wage Theft Program, please visit <http://www.miamidade.gov/business/wage-theft.asp>