

MARTHA COAKLEY  
ATTORNEY GENERAL

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

(617) 727-2200  
(617) 727-3465 HELPLINE  
[WWW.MASS.GOV/AGO](http://WWW.MASS.GOV/AGO)

## Non-Payment of Wage and Workplace Complaint Form- Page 1

Please provide as much information as you can on this form and mail it to the above address.

### Employee Information

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender **M** \_\_\_\_\_ **F** \_\_\_\_\_  
(month/day/year)

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

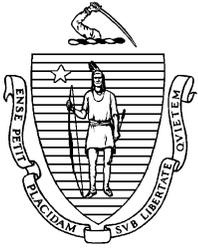
Emergency contact name and phone \_\_\_\_\_  
(friend / family member who can reach you)

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start date of employment \_\_\_\_\_ End date of employment \_\_\_\_\_  
(month/day/year) (month/day/year)

**Please Read:** Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

\*Providing a Social Security Number is voluntary. It will aid in processing your complaint, but we will proceed without one.



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## Non-Payment of Wage and Workplace Complaint Form- Page 2

Name of Employee: \_\_\_\_\_

Do you speak English? **Yes** \_\_\_ **No** \_\_\_ What language would you prefer we contact you in? \_\_\_\_\_

What type of work did you perform? \_\_\_\_\_

Name of employer \_\_\_\_\_

Are you currently working for this employer? **Yes** \_\_\_ **No** \_\_\_

If applicable, reason for end of employment? **Quit** \_\_\_ **Discharged** \_\_\_

Did you sign a contract with the employer? **Yes** \_\_\_ **No** \_\_\_

Is an attorney representing you? **Yes** \_\_\_ **No** \_\_\_

Has a community organization or union helped you file this complaint? **Yes** \_\_\_ **No** \_\_\_

If yes, please provide name(s) of the attorney, organization, or union; as well as a contact person, address, and phone number. \_\_\_\_\_

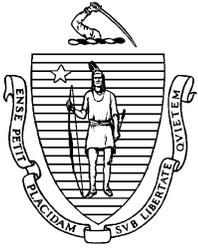
Did you ask to get paid the wages you are owed? **Yes** \_\_\_ **No** \_\_\_

If yes, what was the employer's response? \_\_\_\_\_

Have you taken any other action against the employer regarding this problem? **Yes** \_\_\_ **No** \_\_\_

If yes, please explain. \_\_\_\_\_

An employer does not have the right to threaten, discriminate, or retaliate against you because of your efforts to collect wages. If this has happened to you, please explain. \_\_\_\_\_



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Non-Payment of Wage and Workplace Complaint Form- Page 3

Employer Information. Please provide as much information as you can.

Company name
Other business name(s) used by employer
Company address City State Zip
Company owner/president name License plate number(s)
Owner/president home address City State Zip
Owner/president phone (workplace, cell, and/or home)
If known, total number of employees in company Local manager/supervisor name(s)
City/town(s) where work was performed

Reason for Filing Complaint. Check all that apply and provide details below. If you are not sure which category applies, just describe your situation below.

Minimum wage violation Meal period violation Child labor
Non-payment of wages Overtime pay violation Unpaid commissions
Vacation pay violation\* Sunday overtime/holiday pay Failure to provide personnel records
Other (specify "Other")

Time period of violation(s) is from (month/day/year) to (month/day/year).

Your most recent rate of pay? \$ per hour or week (circle one) Total amount owed? \$

Please provide detailed information about what happened and what you are owed.

CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

Signature PRINT your name Date signed