

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)

## **Re: Wage Complaint Form Instructions**

Please fill out this form as completely and accurately as possible. Also, attach photocopies of any supporting information such as pay stubs, work logs, and correspondence from your employer. Please keep the originals for your records. Return the completed form and materials to:

**Office of the Attorney General  
Fair Labor Division  
One Ashburton Place, Rm 1813  
Boston, MA 02108**

Before we can process your complaint, our office must receive full and complete information from you. Please check to make certain you have provided the following:

- Your employer's complete name and address, including zip code
- Description of the work you performed
- Amount of wages you are owed, and your hourly or weekly rate of pay
- Exact dates worked but not paid
- City or town where you worked
- Last date you worked
- Date you made a personal demand to your employer for unpaid wages, and your employer's response
- Copies of pay stubs
- If you claim unpaid vacation, include a copy of your employer's vacation policy
- Any information that would

After reviewing the material you provide, the Attorney Generals Office will determine whether or not conduct a preliminary investigation and whether further action is warranted. This may include the following:

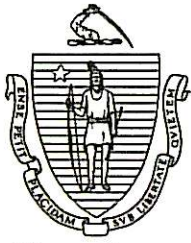
- Seeking restitution of your unpaid wages
- Issuing a civil citation against your employer
- Seeking criminal charges against your employer

If the Attorney General elects to institute a criminal or civil enforcement action, you will be required to be interviewed by and investigator from this office. Later, you may also need to appear at a hearing.

If you wish to file your own lawsuit, ninety days after filing a complaint with this office, you may sue your employer in civil court for your wages, plus triple damages and legal fees. You may also request written permission from the Attorney General's Office to proceed before the end of the ninety day waiting period.

Please note that it usually takes several weeks to review and conduct a preliminary investigation of your complaint.

Your complaint may be forwarded to your employer for response.



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## 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 \_\_\_

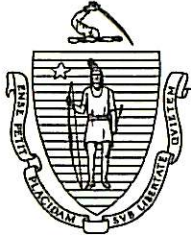
If yes, what was the employer's response? \_\_\_\_\_

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  
\*If possible, please attach a copy of the company vacation policy.       Other \_\_\_\_\_  
*(specify "Other")*

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

<i>Signature</i>	<i>PRINT your name</i>	<i>Date signed</i>