



**Department of Commerce**

Division of Industrial Compliance & Labor  
 John R. Kasich, Governor  
 David Goodman, Director

**MINIMUM WAGE COMPLAINT**

<b>Current Status With this Employer:</b> Present employee of business? <input type="checkbox"/> Yes <input type="checkbox"/> No Former employee of business? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Reason for filing complaint:</b> <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Overtime not paid <input type="checkbox"/> Unpaid wages <input type="checkbox"/> Last pay not received <input type="checkbox"/> Other (Explain in comments section below)	<b>DO NOT WRITE IN THIS AREA</b>		
	Case # _____		
	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Rejected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No	
County	Investigator		
Comments: _____			

**INCOMPLETE FORMS WILL BE RETURNED**

<b>EMPLOYER INFORMATION</b>		Name			
Telephone		Address			
Email/Website		City	State	Zip	County
Type of Business		Number of Employees <input type="checkbox"/> 0-5 <input type="checkbox"/> 10 - 25 <input type="checkbox"/> 50 - 75 <input type="checkbox"/> 100 Plus			
Owner's name		Supervisor's name and title			
Is the business still operating? <input type="checkbox"/> Yes <input type="checkbox"/> No Business is _____ Over / _____ Under \$500,000. per year		Has the business filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>COMPLAINANT/EMPLOYEE INFORMATION</b> Employees should include copies of pay stubs, time cards, or any other documents that will assist in our investigation		Name			
Telephone		Address			
Other telephone numbers where you can be reached:		City	State	Zip	County
Email		<input type="checkbox"/> Yes, I authorize the use of my name <input type="checkbox"/> No, I do not authorize the use of my name			
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long did you work there? _____ From ___/___/___ To ___/___/___	What position did you hold?			
<b>WAGE PAYMENTS</b>		<b>Are any part of these wages for?</b>			
<input type="checkbox"/> Hourly? Amount _____	<input type="checkbox"/> Weekly?	Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Salary? Amount _____	<input type="checkbox"/> Bi-weekly?	Commission <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Overtime? Amount _____	<input type="checkbox"/> Monthly?	Vacation/Holiday Pay/Sick Leave <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were tips received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you owe your employer for advances, loans, merchandise, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was at least \$30 in tips reported each week? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$ _____			
<b>Were you employed:</b>		Did employer keep time records? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In outside sales? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you paid in cash? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In a managerial/supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did employer keep wage records? <input type="checkbox"/> Yes <input type="checkbox"/> No			
By a governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have your own record of hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In a professional position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were deductions for taxes, etc. withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In interstate commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, were amounts listed on pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOW MUCH ARE YOU OWED? \$ _____					
TIME PERIOD From ___/___/___ To ___/___/___					
NUMBER OF HOURS WAGES CLAIMED FOR _____					

