Instructions for Filing a Minimum Wage Complaint

There is no cost in having a valid complaint investigated by our office. Please be advised, we cannot provide legal advice or act as your attorney. Also, please note, this office is only able to pursue minimum wage for the hours that are found to be unpaid. You also have the option of pursing your complaint privately or you may wish to contact an attorney. However, you cannot pursue your complaint through both processes at the same time.

After reviewing the guidelines below, if you believe that your situation falls within our investigatory limitations, you may file a complaint with our office.

The Bureau of Wage and Hour Administration investigates complaints involving the following:

- Minimum wage not being paid,
- Overtime not being paid,
- Unauthorized deductions, and
- Last paychecks being held.

We cannot collect wages owed for the any of the following reasons:

- Vacation pay,
- Sick leave,
- Holidays, or
- Other employment benefits promised to you.

In addition, we cannot investigate a complaint if you believe you were improperly terminated or if your employer did not properly withhold taxes, social security, etc.

In order to file a complaint, please follow these steps:

1. Fill in the form completely using black or blue ink. Please print legibly.
2. Provide copies, NOT originals, of the following; pay stubs, time sheets and any other records that will help prove your claim.
3. Use a separate sheet of paper to explain your situation, if needed.
4. Please have your signature notarized.
5. If you wish to remain anonymous, please indicate that by selecting the correct boxes on the form. Please note, you will remain anonymous until such time that wages are to be paid.
6. Submit the completed complaint form and your records to:
   Division of Industrial Compliance
   Bureau of Wage and Hour Administration
   6606 Tussing Road
   Reynoldsburg, OH 43068

Please note, a complaint will be rejected if it does not contain complete and sufficient information. A complaint may also be rejected depending on your employment status (i.e. an exempt employee).
Minimum Wage Complaint

<table>
<thead>
<tr>
<th>Current status with this employer:</th>
<th>Do not write in this area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present employee of business?</td>
<td>Case #</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Approved □ Yes □ No</td>
</tr>
<tr>
<td>Former employee of business?</td>
<td>Rejected □ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Denied □ Yes</td>
</tr>
<tr>
<td>Reason for filing complaint:</td>
<td>County Investigator</td>
</tr>
<tr>
<td>□ Minimum wage not paid</td>
<td></td>
</tr>
<tr>
<td>□ Overtime not paid</td>
<td></td>
</tr>
<tr>
<td>□ Unpaid wages</td>
<td></td>
</tr>
<tr>
<td>□ Last pay not received</td>
<td></td>
</tr>
<tr>
<td>□ Other (Explain in comments section below)</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

Incomplete forms will be returned

### Employer Information
- **Name**: 
- **Address**: 
- **Telephone**: 
- **Email/Website**: 
- **City**: 
- **State**: 
- **Zip**: 
- **County**: 
- **Type of Business**: 
- **Number of Employees**: □ 0-5 □ 10-25 □ 50-75 □ 100+
- **Owner’s name**: 
- **Supervisor’s name and title**: 
- **Is the business still operating? □ Yes □ No**: 
- **Business is □ Over / □ Under $500,000 per year**: 
- **Has the business filed bankruptcy? □ Yes □ No**: 

### Complainant/Employee Information
- **Name**: 
- **Address**: 
- **Telephone**: 
- **Other telephone numbers where you can be reached**: 
- **City**: 
- **State**: 
- **Zip**: 
- **County**: 
- **Email**: 
- **□ Yes, I authorize the use of my name**: 
- **□ No, I do not authorize the use of my name**: 

### Wage Payments
- **Hourly**: □ Yes □ No
- **Amount**: 
- **Weekly?**: □ Yes □ No
- **Salary?**: □ Yes □ No
- **Amount**: 
- **Bi-weekly?**: □ Yes □ No
- **Overtime?**: □ Yes □ No
- **Amount**: 
- **Monthly?**: □ Yes □ No

### Are any part of these wages for?
- **Bonus**: □ Yes □ No
- **Commission**: □ Yes □ No
- **Vacation/Holiday Pay/Sick Leave**: □ Yes □ No
- **Do you owe your employer for advances, loans, merchandise, etc.**: □ Yes □ No
- **If yes, amount owed**: $_______
- **Did employer keep time records?**: □ Yes □ No
- **Were you paid in cash?**: □ Yes □ No
- **Did employer keep wage records?**: □ Yes □ No
- **Do you have your own record of hours worked?**: □ Yes □ No

### Are you over 18 years old? □ Yes □ No
- **From _____ / _____ / _____ to _____ / _____ / _____**: 
- **What position did you hold?**: 

### Were you employed:
- **In outside sales?**: □ Yes □ No
- **In a managerial/supervisory position?**: □ Yes □ No
- **By a governmental agency?**: □ Yes □ No
- **In a professional position?**: □ Yes □ No
- **In interstate commerce?**: □ Yes □ No
- **How much are you owed? $_______**: 
- **Time period: From _____ / _____ / _____ to _____ / _____ / _____**: 
## Approximate Number of Unpaid Hours:

<table>
<thead>
<tr>
<th>Were deductions for taxes, etc. withheld?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, were amounts listed on pay stubs?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

## Additional comments:

- 
- 
- 
- 
- 
- 
- 

**Attach any information to substantiate your claim. Unsubstantiated claims may be returned.**

## Special Notice

I ____________________________, on this day ______

- [ ] Do
- [ ] Do Not

assign to the Ohio Department of Commerce all rights, title, and interest to my claim for wages against _____________________________.

(Employer)

In assigning these rights, I am aware that I must submit written notice of any change in my representational status.

## Signature and Notary

Affiant is further informed that Section 2921.13 of the Ohio Revised Code provides a penalty of a misdemeanor of the first degree and that prosecution will be pursued of those persons who “knowingly swear or affirm the truth of a false statement when... the statement is sworn or affirmed before a notary public...”

Sworn to before me and subscribed by the said:

In my presence this _______ day of _______ 20____

Notary Public

- [ ] Yes, I authorize the use of my name
- [ ] No, I do not authorize the use of my name

Signature ___________________________ Date ________

**Complaints will be returned if not complete and signed**

I hereby certify that this is a true statement to the best of my knowledge and belief.

Signature ___________________________ Date ________

**Return to:**

Ohio Department of Commerce
Division of Industrial Compliance
Bureau of Wage & Hour Administration
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, OH 43068 - 9009
614-644-2239 Fax 614-728-8639

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