



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor

Jacqueline T. Williams, Director

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 pursuing 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).



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MINIMUM WAGE COMPLAINT

Current Status With this Employer: Present employee of business? <input type="checkbox"/> Yes <input type="checkbox"/> No Former employee of business? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for filing complaint: <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)	DO NOT WRITE IN THIS AREA	
	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 _____
Comments: _____		

INCOMPLETE FORMS WILL BE RETURNED

EMPLOYER INFORMATION		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			
COMPLAINANT/EMPLOYEE INFORMATION 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? _____			
WAGE PAYMENTS		Are any part of these wages for?			
<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:		\$ _____	
Were you employed:		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					
In interstate commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No					
HOW MUCH ARE YOU OWED? \$ _____					
TIME PERIOD From ____/____/____ To ____/____/____					

NUMBER OF HOURS WAGES CLAIMED FOR _____	Were deductions for taxes, etc. withheld? <input type="checkbox"/>Yes <input type="checkbox"/>No
	If yes, were amounts listed on pay stubs? <input type="checkbox"/>Yes <input type="checkbox"/>No

ADDITIONAL COMMENTS:

Please Attach Additional Sheets If Necessary

ATTACH ANY INFORMATION TO SUBSTANTIATE YOUR CLAIM. UNSUBSTANTIATED CLAIMS MAY BE RETURNED.

SPECIAL NOTICE	
I _____, on this day _____ <input type="checkbox"/> Do <input type="checkbox"/> Do Not Assign to the Ohio Department of Commerce all rights, title, and interest to my claim for wages against _____. <div style="text-align:right">(Employer)</div> In assigning these rights, I am aware that I must submit written notice of any change in my representational status.	<input type="checkbox"/> Yes, I authorize the use of my name <input type="checkbox"/> No, I do not authorize the use of my name <hr/> <div style="display: flex; justify-content: space-between;"> Signature date </div>

SIGNATURE & NOTARY	Complaints will be returned if not complete & signed
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: <hr/> In my presence this _____ day of _____ 20____ _____ Notary Public	I hereby certify that this is a true statement to the best of my knowledge and belief. <hr/> <div style="display: flex; justify-content: space-between;"> Signature date </div> <hr/> 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 614-644-8639



(Revised 9/30/11)

An Equal Opportunity Employer and Service Provider

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