

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.

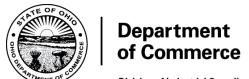
In addition, we cannot investigate a complaint if you believe you were improperly terminated or if your employer did not properly withhold taxes, social security, etc.

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 compliant may also be rejected depending on your employment status (i.e. an exempt employee).



Division of Industrial Compliance John R. Kasich, Governor Jacqueline T. Williams, Director

MINIMUM WAGE COMPLAINT

Current Status With this Employer:			DO NOT WRITE IN THIS AREA					
Present employee of business	? □Yes □No	C	ase #_					
Francisco Charles O TV - TN		A	pprov	ed □Yes □No				
Former employee of business Reason for filing complaint:		R	ejecte	d □Yes □No)			
Reason for fining complaint:			Denied □Yes □No					
☐Minimum wage not paid	□ Overtime not paid	C	ounty			Inves	tigator	
☐ Unpaid wages	☐ Last pay not receiv	ved C	Comments:					
☐ Other (Explain in comments section below)		_						
INCOMPLETE FORM			1 XX/T	I DE DETUD	NED			
EMPLOYER INFORMATION				S WILL BE RETURNED Name				
Telephone			Address					
Email/Website			City	,	State	Zip	County	
Type of Business			Number of Employees \square 0-5 \square 10 - 25 \square 50 - 75 \square 100 Plus					
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 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			☐ Yes, I authorize the use of my name					
			□ No, I do not authorize the use of my name					
Are you over 18 years old?	How long did you work	there?	ı	What position did			<i>,</i>	
□Yes □No	From / / To	/ /						
WAC	GE PAYMENTS			Are any part of t	hese wag	es for?		
□Hourly? Amount	□W	eekly?		Bonus □Yes □No				
□Salary? Amount □Bi-weekly?				Commission □Yes □No				
□Overtime? Amount □Monthly?				Vacation/Holiday Pay/Sick Leave □Yes □No				
Were tips received? □Yes □			No	Do you owe your employer for				
If yes, was at least \$30 in tips reported each week? □Yes □ Were you employed:		□Yes □ì	No	advances, loans, merchandise, etc. □Yes □No If yes, amount owed: \$				
In outside sales?		□Yes □l	No	5.1	.•	1.0		
		□Yes □l	No	Did employer keep time records?			□Yes □No	
		□Yes □1		Were you paid in cash?			□Yes □No	
, ,		□Yes □ì		Did employer keep wage records? Do you have your own record			□Yes □No	
		□Yes □ì				□Yes □No		
HOW MUCH ARE YOU OW TIME PERIOD From/		_//		of flours worked?			Lifes Lino	

NUMBER OF HOURS WAGES CLAIMED FOR	Were deductions for taxes,				
	etc. withheld?	□Yes □No			
	If yes, were amounts listed				
	on pay stubs?	□Yes □No			
ADDITIONAL COMMENTS:					
Please Attach Addit ATTACH ANY INFORMATION TO SUBSTANTIATE	ional Sheets If Necessary VOUR CLAIM UNSURSTANTIATED CLA	IMS MAV RE			
	TURNED.	INIS WITT DE			
SPECIAL NOTICE					
I, on this day	☐ Yes, I authorize the use of my name				
□ Do	□ No, I do not authorize the use of my name				
□ Do Not					
Assign to the Ohio Department of Commerce all					
rights, title, and interest to my claim for wages					
against	Signature	date			
(Employer) In assigning these rights, I am aware that I must					
submit written notice of any change in my					
representational status.					
1					
SIGNATURE & NOTARY	Complaints will be returned if not complete & signed				
Affiant is further informed that Section 2921.13 of the Ohio	I hereby certify that this is a true statement to the	ne best of my			
Revised Code provides a penalty of a misdemeanor of the first degree and that prosecution will be pursued of those persons	knowledge and belief.				
who "knowingly swear or affirm the truth of a false statement					
when the statement is sworn or affirmed before a notary					
public"	Signature	date			
Sworn to before me and subscribed by the said:					
	Return to:				
In my presence this day of 20		OF OF			
in my presence thisaay or20	Ohio Department of Commerce				
Notary Public	Division of Industrial Compliance	A STATE OF THE STA			
	Bureau of Wage & Hour Administration 6606 Tussing Road, P.O. Box 4009	II PINENT OF CON			
	Reynoldsburg, OH 43068 - 9009				
	614-644-2239 Fax 614-728-8639				
(Revised 9/30/11)					

An Equal Opportunity Employer and Service Provider