



State of Rhode Island and Providence Plantations  
 Rhode Island Department of Labor and Training  
**LABOR STANDARDS UNIT – BLDG. 70/2**  
 1511 Pontiac Avenue. P.O. Box 20390  
 Cranston, RI 02920-0944

**NON—PAYMENT OF WAGES COMPLAINT FORM**

Employee information:

Name:

Mr. Mrs. Ms. \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ "Other" phone: \_\_\_\_\_

What type of work did you perform? \_\_\_\_\_

EMPLOYER INFORMATION: (complaint will not be accepted unless this section is completed)

Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

President/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Local Manager Name: \_\_\_\_\_

Place work was performed if different from above: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Were you discharged ?    Yes    No                    or did you leave ?                    Yes    No

HAVE YOU REQUESTED THESE WAGES FROM YOUR EMPLOYER?                    Yes    No  
 WHAT WAS THEIR RESPONSE?

When did you speak to your employer? \_\_\_\_\_

With whom did you speak? \_\_\_\_\_ Title: \_\_\_\_\_

The company's reason for non-payment: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per hour per week Unpaid wages owed: \$ \_\_\_\_\_

What dates did you work for the money which you claim you are owed:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total amount owed: \$ \_\_\_\_\_

Have you signed a contract as a consultant or independent contractor? Yes No

Do you have an attorney representing you in this matter? Yes No

If yes, Name of Attorney: \_\_\_\_\_

Have you taken any other action against your employer in this matter? Yes No

If yes, please explain:

Will you fully cooperate with the Attorney General's Office, including appearing in court?  
Yes No

EXPLAIN IN DETAIL the facts relating to why you were not paid or why you are filing this complaint. If your complaint involves vacation pay, briefly explain how you earned vacation time (e.g. one week per year, one week after one year, monthly accrual, etc.) Please attach copies of any contracts, policies or pay stubs that will support your claim.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS IS A TRUE STATEMENT OF THE FACTS RELATING TO MY COMPLAINT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Minor child requires parent's signature) \_\_\_\_\_

PLEASE PRINT CLAIM FORM, SIGN AND FORWARD TO THE ADDRESS AT TOP OF FORM