

**Division of Wage and Hour Compliance**  
 NJ Dept. of Labor & Workforce Development  
 PO Box 389  
 Trenton NJ 08625-0389

Phone: 609-292-2305  
 Fax: 609-695-1174  
 wage.hour@dol.nj.gov

**OFFICIAL USE ONLY**

Claim# \_\_\_\_\_ Empl# \_\_\_\_\_  
 Field  IBM  WC  No Jurisdiction  
 Field Rpt# \_\_\_\_\_  
 Case# \_\_\_\_\_

**WAGE COMPLAINT**

All workers, including undocumented workers, have a right to be paid for their work. The Division of Wage and Hour Compliance does not investigate the legal status of any worker. We apply New Jersey's labor laws equally to all workers, regardless of legal status. We do not share information with U.S. Citizenship & Immigration Services.

**Instructions:** You may file your wage complaint online or by mail.

To file online visit [nj.gov/labor](http://nj.gov/labor), click on Worker Protections, then Wage & Hour Compliance. Select File a Complaint, then File a Wage Complaint. When you file online you will be given the option to attach documents that support your complaint.

To file your wage complaint by mail, complete both sides of this form and answer all questions. Type or print legibly. Attach a copy of your last paycheck and W-2 form if you have them. Attach any other documents that support your complaint. Mail or fax all documents to the address at the top of this page.

**Filing Anonymously:** In general, the public has the right, under the Open Public Records Act (OPRA), to see most information kept as part of any public record. However, The NJ Department of Labor and Workforce Development endeavors to protect the confidentiality of a complainant or a witness to the maximum extent allowable by law. You may file an anonymous complaint, but then neither you nor anyone else will receive any information about the complaint. To file an anonymous complaint, write "ANONYMOUS" in the Employee section of this form and leave the address blank. Without revealing personal details, provide as much information as you can about the employer and the reason you are filing a complaint. Mail or fax your complaint.

**Employee Information**

1. First Name	Last Name	M.I.	3. Phone No.
2. Mailing Address		Floor/Apt. No	4. Alternate Phone No.
City	State	ZIP Code	5. Social Security No. <i>(not required)</i>
6. Is a third party <i>(such as an attorney, agency, or legal service)</i> submitting this complaint as your representative or agent? <input type="checkbox"/> Yes If Yes, answer items #7-11. <input type="checkbox"/> No If No, go to item #12.			
7. Name of Person, Agency or Service			9. Third Party Phone No.
8. Mailing Address			10. Fax No.
City	State	ZIP Code	11. Email

**Employer Information**

12. Business Name	15. Business Phone No.			
13. Business <u>Street</u> Address <i>(not a PO Box)</i>	16. Fax No.			
City	State	ZIP Code	County	17. Email
14. Business Mailing Address <i>(if different from street address)</i>				18. Name & Title of Contact Person
City	State	ZIP Code	19. Contact Phone No.	

**Employment Details**

20. First Day Worked	21. Last Day Worked	22. Rate of Pay ( <i>gross amount</i> ) Per Hour: \$ _____ Per Week: \$ _____ Other: \$ _____	
23. Job Title	24. Main Job Duties		
25. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____			
26. Did you work at the business address listed in item #13? <input type="checkbox"/> Yes <input type="checkbox"/> No Where did you actually do your work? _____ Street Address City State ZIP Code County			
27. Joint Employer ( <i>such as an employee leasing company or any other individual or business who may be responsible for your unpaid wages</i> ) _____ Street Address City State ZIP Code County			
28. Joint Employer Mailing Address City State ZIP Code Phone No. _____			

**Complaint Reason Details**

29. **Check all reasons for filing this complaint:**

<input type="checkbox"/> Wages not paid	<input type="checkbox"/> Commission, severance or bonus not paid	<input type="checkbox"/> Temporary Workers Bill of Rights
<input type="checkbox"/> Last paycheck not paid	<input type="checkbox"/> Paid less than minimum wage	<input type="checkbox"/> Domestic Workers Bill of Rights
<input type="checkbox"/> Vacation or holiday not paid	<input type="checkbox"/> Paycheck bounced or unable to cash paycheck	<input type="checkbox"/> Earned sick leave
<input type="checkbox"/> Overtime not paid	<input type="checkbox"/> Shortages or deductions from paycheck	<input type="checkbox"/> Other
<input type="checkbox"/> Cost of company uniforms and/or equipment deducted from paycheck		
<input type="checkbox"/> Improperly classified as an independent contractor ( <i>while employed in the construction industry</i> )		

**Explain why you believe the employer owes you wages. List the dates and hours for which you believe wages are due.** Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is the total amount of wages (before tax deductions) you believe the employer owes you?** \$ \_\_\_\_\_  
If you are not sure, please provide an estimate.

30. Did you ask the employer for the money you believe is due?  
 Yes Name and title of the person you asked \_\_\_\_\_  
 No

31. I understand that, in general, the public has the right under the Open Public Records Act (OPRA) to request most information kept as part of any public record; and also that the New Jersey Department of Labor and Workforce Development will endeavor to protect the confidentiality of a complainant or witness to the maximum extent allowable by law. (*If you are filing anonymously, you are not required to sign below.*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (required if complainant is under 18 years old)

\_\_\_\_\_  
Date

If under 18, give age \_\_\_\_\_ and date of birth \_\_\_\_\_

**Please attach if you have them:**

- ✓ a copy of your last paycheck and W-2 form
- ✓ copies of any bounced paycheck(s)
- ✓ any other documents that support your complaint