

## Wage Theft Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email [wagetheft@phila.gov](mailto:wagetheft@phila.gov) or call 215.686.0802.

Thank you for contacting the Office of Worker Protections. Please clearly print or type answers to the questions below. If you have questions about this form or would like help filling out this form, please email our office at [wagetheft@phila.gov](mailto:wagetheft@phila.gov) or call 215.686.0802.

You can submit the completed form in the following ways:

- 1) Email: [WageTheft@phila.gov](mailto:WageTheft@phila.gov)
- 2) Mail to: Office of Worker Protections,  
Attn: Office of Worker Protections  
100 S Broad St, 4th Floor, Philadelphia PA 19102

After our office receives your completed form, we will contact you within fifteen business days.

### Contact

Provide the best form of contact.

1

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Employment Information

Enter details about the employer for this complaint.

2

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Supervisor Email \_\_\_\_\_ Your Job Title \_\_\_\_\_

Are you currently employed by this employer? Yes  No

### Complaint details

Enter information about the complaint.

Please submit all information you have regarding hours worked and compensation along with this form. Our office will work with you if additional information is needed.

3

Please check each violation for this complaint:

Minimum wage  Not paid agreed wage  Wrongful pay deduction

Overtime  Not paid all hours worked  Tip deduction

Work off the clock  Not paid benefits  Other (specify) \_\_\_\_\_

Have you experienced retaliation from this employer?  Yes  No

Dates or time periods for wage theft claim: \_\_\_\_\_

Estimated Total Wage Theft claim: (Min \$100, Max \$10,000) \_\_\_\_\_

### Signature

4

*Pursuant to 18PA.CON.S.TAT.ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information and any other information I supply is true, correct and complete. I understand that if I make false statements, I'm subject to penalties.*

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

### Internal use only

Complaint # \_\_\_\_\_

Investigator Initials: \_\_\_\_\_

Date sent to employer \_\_\_\_\_