

# Labor Standards Complaint Instructions

## What is a wage complaint?

A wage complaint is a written complaint filed with the Department of Workforce Development against your current or former employer for unpaid wages or labor law violations that are within the Department's jurisdiction.

## How does an employee file a wage complaint?

Complete the attached complaint form and answer all questions. If your complaint form is not completed, the process may be delayed. Claims for unpaid wages must either be filed with the Department or in court **within two years** of when the wages were earned and payable. The Department will not accept claims for wages payable more than two years before the Department receives the complaint.

## What is the next step after an employee files a complaint?

The investigator assigned to investigate a labor standards complaint will send a notice and a copy of your complaint to the employer. The notice will give the employer the option of either paying the disputed wages or providing any information the employer may have to dispute the validity of the complaint. The investigator may seek other information that will be helpful in resolving the wage controversy.

The Department does not represent employers or complainants in unpaid wage complaints. Both employers and complainants have a responsibility to present information that establishes the validity of their respective positions regarding the complaint. Where settlement of the complaint does not occur, the investigator must issue a written decision on the merits of the complaint. The decision will determine wages due, if any, and request payment from the employer.

## Length of the investigation: How long can an investigation take?

The Department attempts to resolve cases as quickly as possible. The time it takes to resolve or complete an investigation depends on the complexity of each complaint, current caseloads, and other factors. Most investigations take several months to resolve - some take more time, and some take less. Complainants may file their claims in court instead if they feel the administrative process is not progressing quickly enough.

## How can I speed up the process?

- Answer all questions on the Labor Standards Complaint form accurately and provide a detailed explanation where necessary. Incomplete forms will be returned.
- Attach copies of any supporting documentation. Do NOT send originals.
- Contact the Department immediately if your address or contact information changes, you receive payment from the employer, or you decide to go to court instead.

## Return completed, signed complaint form to either address below:

**STATE OF WISCONSIN  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
EQUAL RIGHTS DIVISION**

**201 E WASHINGTON AVE  
PO BOX 8928  
MADISON, WI 53708  
TELEPHONE: (608) 266-6860**

**819 N 6th ST  
ROOM 723  
MILWAUKEE, WI 53203  
TELEPHONE: (414) 227-4384**

**Website: <https://dwd.wisconsin.gov/er/>**

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact us.

If you have questions or need help completing this form, please call the Equal Rights Division and ask to speak to an Equal Rights Officer.

# LABOR STANDARDS COMPLAINT

State of Wisconsin, Dept. of Workforce Development  
 Equal Rights Division P.O. Box 8928; Madison, WI 53708

For office use only

Authorization for this form is provided under Section 109.09(1), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a labor standards complaint with the Equal Rights Division (ERD), you must submit a written document containing the information sought in this form. Personal information you provide may be used for secondary purposes (s. 15.04(1)(m), Wisconsin Statutes)

**Please Type All Applicable Information or Print in Black Ink. Check only the boxes that apply.**

Complainant Information			Employer Information		
First and Last Name			Business Name		
Address where we can contact you			Street Address		
City	State	Zip Code -	City	State	Zip Code -
Date of Birth			Business Telephone Number ( ) -		
Phone number (include area code) ( ) -			Type of Business		County
Email Address			Owner/Corporation Name		

## **VIOLATION(S) CLAIMED**

1. Total wages still owed to you (do not deduct taxes or social security): \$ \_\_\_\_\_  Not applicable  
 Please attach a copy of a paycheck stub.
  
2. My claim includes the following (check the box next to all that apply and provide the necessary information for each):
  - A.  **Unpaid Hours of Work**  
 Provide the beginning and ending dates for which you are owed wages or salary: \_\_\_\_\_ to \_\_\_\_\_  
**Calculation of wages not paid or underpaid:**
  
  - B.  **Unpaid Vacation/Personal/Holiday/Sick Time**  
 What is the employer's policy regarding payment of vacation, personal time off, holiday, and/or sick pay at the end of employment? Explain in detail and attach policy if available:
  
  - C.  **Deductions from Wages**  
 A deduction was taken for the following reason(s): \_\_\_\_\_

Deduction was made on the following: Date: \_\_\_\_\_ OR Pay Period \_\_\_\_\_ to \_\_\_\_\_

D.  **Minimum Wage (Explain on page 4).**

E.  **Unpaid Overtime (Explain on page 4).**

F.  **Unpaid Commissions**

Did more than half of your total earnings come from commissions?  Yes  No

Total amount of commissions unpaid and/or underpaid: \_\_\_\_\_

What was the commission agreement (attach agreement if available)? Explain in detail:

G.  **Unpaid Bonus (Explain on page 4). Attach copy of the bonus policy or plan if available.**

H.  **Child Labor/Street Trades**

**(Complete ONLY if worker was aged 17 or younger at the time of employment).**

Was a child labor permit issued?  Yes  No If Yes, date permit was issued: \_\_\_\_\_

Explain alleged violation:

If you are filing this complaint on behalf of a minor, please provide your name and contact information:

I.  **Personnel Records**

What specific records did you request?

From whom?

When?

What was the employer's response? (Please provide copies of written requests and responses).

J.  **One Day of Rest in Seven (Explain on page 4).**

K.  **Other (Explain on page 4).**

### **EMPLOYMENT DETAILS (REQUIRED)**

3. Job title: \_\_\_\_\_

4. Type of work performed/duties: \_\_\_\_\_

5. Covered by a union contract while employed:  Yes  No

6. Work location – City: \_\_\_\_\_, State: \_\_, Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

7. Starting date of employment: \_\_\_\_\_ Ending date of employment: \_\_\_\_\_

8. Pay agreement:  Oral/Verbal  Written (provide copy)

9. Rate of pay: \$\_\_\_\_\_ per:  Hour  Week  Month  Other: \_\_\_\_\_

10. Did you receive tips?  Yes  No Average tips per day \$\_\_\_\_\_

11. Hours worked per day \_\_\_\_\_ Hours worked per week \_\_\_\_\_

12. Pay schedule:  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

13. Method of payment:  Check  Cash  Other: \_\_\_\_\_

14. Do you still work for this employer:  Yes  No

If No, employment was terminated because:  Quit  Fired  Laid Off  Other: \_\_\_\_\_

15. The employer is still in business:  Yes  No  
If No, please explain in detail:

16. I have retained an attorney or filed a lawsuit regarding this matter:  Yes  No  
If Yes, please provide the following:

\_\_\_\_\_  
Attorney's First and Last Name                      (    )    -                      Attorney's Phone number                      Case number (if applicable)

**In the space below, please show how you came up with the amount of your claim and add any additional information you would like us to know. Be as specific as possible. Attach additional pages as necessary.**

**CERTIFICATION AND SIGNATURE (REQUIRED)**

I hereby certify that the information I have provided on this form is true to the best of my knowledge.

I understand that I must cooperate as required by the Equal Rights Division, and it is my responsibility to provide sufficient information to prove the claim is true. This complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department. I understand there is no guarantee that the Equal Rights Division will accept my claim, and no guarantee that it will be able to collect upon it.

**Complainant's Signature (Required):** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Please send signed complaint form to either address listed on page 1.**