

What types of worker rights complaints can L&I accept?

L&I accepts complaints on the *Worker Rights Complaint Form* for. . .

In Section C of the form:

- Unpaid minimum wages, overtime, final pay, or hours worked.
- Payroll deductions you did not agree to, not including deductions for required taxes.
- Unpaid tips, gratuities, service charges.
- Paid sick leave.

In Section D of the form:

- Meal or rest periods not given.
- Violations of child labor laws.
- RN or LPN overtime law not followed.
- Employer retaliated against me.

① **IMPORTANT:** *If we find that your employer owes you money, we cannot guarantee that we will be able to collect it for you. Also, you have **three years** from the payday your wages were due to file your complaint. Please keep this in mind when you decide to file your complaint with us.*

On separate complaint forms, L&I also accepts for the following complaints. . .

Prevailing Wage Complaint form ([F700-146-000](tel:700146000)) for prevailing wage violations.

Protected Leave Complaint form ([F700-144-000](tel:700144000)) for family leave, family care, leave for victims of domestic violence, sexual assault or stalking, spouse military leave, leave for voluntary firefighters on the scene.

See the L&I Workplace Rights website for filing the various workplace rights complaints at www.Lni.wa.gov/WorkplaceRights. See the section titled “Complaints/Discrimination”.

We do *not* accept wage complaints against. . .

- A business in which you are a part owner (including family-owned).
- A business that owes money to a company you own.
- Employers who have filed for bankruptcy. You may file a “Proof of Claim” with the US Bankruptcy Court.

Or when it’s about. . .

- Unpaid vacation, holiday pay, severance pay, or reimbursement for expenses including fuel.
- If you are claiming wages for hours worked out-of-state for a non-Washington employer.
- Bank fees you paid because your employer’s check bounced.
- A case you have already filed in court.

How to file your wage complaint:

- Complete and sign the attached form, use a sheet of paper if you need more space to explain your complaint.
 - Attach any information or records, such as time sheets or cards, calendars, or any personal records you have that show the days and hours you worked and what tasks you did. **This is very important to help us understand your complaint.**
 - Mail or bring the form and records to the L&I office in the county where the business is located. See back of page.
- ① **IMPORTANT:** *If you are moving, have a new telephone number, or are hiring an attorney, let us know right away. Call the local office where you filed your complaint or 1-866-219-7321. If we can’t contact you, this may delay the investigation or prevent us from being able to help you.*

If we can accept your complaint, we will:

- Assign an Industrial Relations Agent to investigate your complaint. In most cases, L&I must tell your employer that you filed a complaint and send a copy of your complaint to the employer.
 - Make a decision on your complaint within 60 days **OR** if we have good cause, notify you that we require more time.
- ① **IMPORTANT:** *If we cannot take your complaint, you have the right to either contact a private attorney OR file a suit in Small Claims Court for up to \$5000.*
- www.courts.wa.gov/newsinfo/resources/broc-hure_scc/smallclaims.doc

Where to file your complaint

In person:	OR	By mail:	
Bring your completed form to the L&I office located in the same county where your employer's business is:		Mail the original of your completed form to the L&I office located in the same county where your employer's business is. Write on the envelope: " <i>Industrial Relations Agent, Dept. of Labor & Industries,</i> " then the address of the office you selected.	
L&I Offices			
County where you worked	Use this L&I office(s)	Address	Phone Number
Island San Juan Skagit Whatcom	Mount Vernon	525 East College Way Suite H Mount Vernon WA 98273-5500	360-416-3000
	Bellingham	1720 Ellis Street Suite 200 Bellingham WA 98225-4647	360-647-7300
Snohomish	Everett	729 100 th Street SE Everett WA 98208-3727	425-290-1300
King	Bellevue	616 120 th Avenue NE Suite C-201 Bellevue WA 98005-3037	425-990-1400
	Tukwila	12806 Gateway Drive S Tukwila WA 98168-3346	206-835-1000
Pierce	Tacoma	950 Broadway Suite 200 Tacoma WA 98402-4453	253-596-3945
Clallam Jefferson Kitsap	Silverdale	10049 Kitsap Mall Blvd Suite 100 Silverdale WA 98383	360-308-2800
	Sequim	542 W Washington Street Sequim WA 98392	360-417-2700
Grays Harbor Lewis Mason Thurston Pacific*	Olympia	PO Box 44810 Olympia WA 98504-4810 7273 Linderson Way SW Tumwater WA 98501	360-902-5799
	Aberdeen	415 Wishkah Street Suite 1-C Aberdeen WA 98520-0013	360-533-8200
Clark Klickitat Skamania	Vancouver	312 SE Stonemill Drive Suite 120 Vancouver WA 98684-6982	360-896-2300
Cowlitz Pacific* Wahkiakum	Kelso	711 Vine Street Kelso WA 98626-2650	360-575-6900
Adams* Grant* (south of I-90) Kittitas Yakima	Yakima	15 West Yakima Avenue Suite 100 Yakima WA 98902-3480	509-454-3700
Benton Columbia Franklin Walla Walla	Kennewick	4310 West 24 th Avenue Kennewick WA 99338-1992	509-735-0100
Chelan Douglas Grant (north of I-90) Okanogan	East Wenatchee	519 Grant Road East Wenatchee WA 98802-5459	509-886-6500
	Moses Lake	3001 West Broadway Avenue Moses Lake WA 98837-2907	509-764-6900
Adams* (SE) Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Spokane	901 North Monroe Street Suite 100 Spokane WA 99201-2149	509-324-2600
	Pullman	PO Box 847 Pullman WA 99163-0847 1250 Bishop Blvd SE Suite G Pullman WA 99163	509-334-5296



Worker Rights Complaint Form

Employment Standards Program
360-902-5316 or 1-866-219-7321

WA Unified Business Identifier (UBI):	
CATS #:	NAICS #:

A: Worker Information			
Language Preference (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other:			
Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security Number (optional)	Home Phone Number	Cell Phone Number
Home Address	Complaint is for this period of time From: _____ To: _____		Your Pay Rate \$ _____
City _____ State _____ Zip Code _____	Date you began work with this employer	Are you still employed with company <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	If not still with this employer, last date employed	Reason for leaving job <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't know	
What kind of work did you do?			

B: Employer Information			
Name of Company		Name of Company Owner, Manager, or Supervisor	
Company Mailing Address		Company Phone Number	Company Cell Phone Number
City _____ State _____ Zip Code _____	Company Fax Number		Company Email Address, if known
Address where you worked if not at the above address		Type of Company (for example: construction, restaurant, janitorial)	
City _____ State _____ Zip Code _____	Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

C: Wage Complaint Information (Skip to Section D if your complaint is <i>not</i> about wages.)			
Ⓜ Important: If you or your attorney have already filed a complaint about these wages in court, we cannot accept your claim.			
What type of complaint are you filing? You may check more than one box below. <input type="checkbox"/> Final wages not paid <input type="checkbox"/> Overtime not paid <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Willful failure to pay agreed wages <input type="checkbox"/> Money taken out of my paycheck (not taxes) without my permission* <input type="checkbox"/> Unpaid tips, gratuities, service charges <input type="checkbox"/> Paid with NSF check (bounced check) <input type="checkbox"/> Paid sick leave (also see Section E) <input type="checkbox"/> Hours worked not paid		Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room. <i>If you have copies of any records that will help us understand your complaint, please attach them to this form.</i>	
What wages do you believe are owed to you?			
Rate of pay per	Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Other rate of pay per:	Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Flat rate <input type="checkbox"/> Other (specify) <input type="checkbox"/>
\$ _____		\$ _____	
Wages owed: From: _____ To: _____	For how many hours? _____	Partial payment received? \$ _____	What pay is owed to you before taxes? \$ _____
Reason employer gave for not paying you:			

