

MINIMUM WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY

CASE NO. # _____

DATE REC'D: _____

THE PARTICULARS ARE (CONT'D): (Attach extra sheets if additional space is needed.)

Attach to this complaint any documents that support your claim (e.g., paychecks, paystubs, direct deposit receipts, W-2s, 1099s, work schedules, *etc.*).

Provide the Commission with the names and contact information of any witnesses who can corroborate your claim as soon as possible.

Sworn and subscribed to (or affirmed) before me this ____ day of _____, 20__.

I declare that the foregoing is true and correct.

Notary Public

Complainant's Signature