MINIMUM WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY
CASE NO. # _____
DATE REC'D: _____

COOK COUNTY
COMMISSION ON HUMAN RIGHTS

NAME OF EMPLOYEE/COMPLAINANT	**TELEPHONE**	**COMPLAINANT EMAIL**

STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

NAME OF EMPLOYER/RESPONDENT	**TELEPHONE**	**RESPONDENT EMAIL**

STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

1. TYPE OF COMPLAINT (Check as many as applicable)

☐ PAID LESS THAN THE MINIMUM WAGE ☐ RETALIATION

☐ FAILED TO NOTIFY OF RIGHT TO MINIMUM WAGE ☐ OTHER: _____

2. WAGE RECEIVED: $___.___/hour for work performed for Respondent **from _____ to _____.**
mm/dd/yyyy mm/dd/yyyy

3. LOCATION WHERE WORK PERFORMED (*e.g.*, address of business facility or workplace)**:**

_____

(Attach extra sheets if additional space is needed to reflect different wages, date ranges or locations of work)

If you are a representative (attorney, volunteer, support staff) completing this form on behalf of the Complainant, please include your name and contact information in the below field:

MINIMUM WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY
CASE NO. # _____
DATE REC'D: _____

(Review Rule 5.03 governing Minimum Wage cases at the Commission. Be sure to include facts explaining why you and your employer are covered by the Ordinance. Explain in detail how your employer has violated the Ordinance. Separate each allegation into its own numbered paragraph. Attach documents as described below.):

4. THE PARTICULARS ARE: (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.

Under penalties of law, I certify that all information included in this complaint is true and accurate to the best of my knowledge and belief.

_____ _____
Complainant Signature Date