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[www.attorneygeneral.gov](http://www.attorneygeneral.gov)



## Fair Labor Complaint Form

Fair Labor Section  
1600 Arch St., Ste. 300  
Philadelphia, PA 19103

**215-560-2402**

**PLEASE NOTE:** The Attorney General generally handles large-scale wage theft and workplace discrimination cases. Individual complaints should typically be filed with the Pennsylvania Department of Labor and Industry or the U.S. Department of Labor.

IN DISCRIMINATION CASES, YOU MAY STILL BE REQUIRED TO FILE A COMPLAINT WITH THE PENNSYLVANIA HUMAN RELATIONS COMMISSION (PHRC) TO PRESERVE YOUR INDIVIDUAL RIGHTS IN YOUR CASE. BY LAW, YOU MUST FILE A COMPLAINT WITH PHRC WITHIN 180 DAYS OF THE ACT OF ALLEGED DISCRIMINATION.

### Required fields are marked with an asterisk\*

#### Your information:

|   |                    |                                   |                                       |
|---|--------------------|-----------------------------------|---------------------------------------|
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    | Age Group:                        |                                       |
| Are you on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    | <input type="checkbox"/> Under 18 | <input type="checkbox"/> 60-64        |
|   |                    | <input type="checkbox"/> 18-34    | <input type="checkbox"/> 65 and older |
|   |                    | <input type="checkbox"/> 35-59    |                                       |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.<br><input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. | Name*              |                                   |                                       |
| Address*  |                    |                                   |                                       |
| City*   |                    | State*                            | Zip Code*                             |
|   |                    | County*                           |                                       |
| Daytime Phone Number*   | Home Phone Number* | Email Address                     |                                       |
| (     )   | (     )            |                                   |                                       |

#### If completing this form on behalf of someone else, please complete the following information:

|   |                   |                                   |                                       |
|---|-------------------|-----------------------------------|---------------------------------------|
| Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   | Age Group:                        |                                       |
| Are they on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                   | <input type="checkbox"/> Under 18 | <input type="checkbox"/> 60-64        |
|   |                   | <input type="checkbox"/> 18-34    | <input type="checkbox"/> 65 and older |
|   |                   | <input type="checkbox"/> 35-59    |                                       |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.<br><input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. | Name*             |                                   |                                       |
| Address*  |                   |                                   |                                       |
| City*   |                   | State*                            | Zip Code*                             |
|   |                   | County*                           |                                       |
| Daytime Phone Number  | Home Phone Number | Email Address                     |                                       |
| (     )   | (     )           |                                   |                                       |

**Who is the complaint against?**

|                           |       |   |        |
|---------------------------|-------|---|--------|
| Name of entity or person* |       | Phone Number:<br>(      )                                 |        |
| Mailing Address           |       |   |        |
| City                      | State | Zip Code  | County |
| Type of Business          |       | Number of Employees Who Work at the Business Named Above: |        |

**Legal Representation:****What is the basis of your complaint? Please check the applicable box(es).**

- Wage theft  
 Wage theft - Prevailing Wage  
 Misclassification  
 Discrimination  
 Other:

|  |                                     |
|--|-------------------------------------|
| If you believe you were treated unfairly at work for a reason which is not listed, explain what you believe to be the reason:                                  |                                     |
| Have you informed management or your union of your complaint? If so, who?  | What action was taken?              |
| Do you know of any other individuals who have been treated the same or received similar treatment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | What happened to these individuals? |
| Do you have any witnesses to verify or confirm your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |
| Please explain if you have suffered any monetary loss or loss of benefits:   | Provide the date(s) of incident(s)  |
| Have you filed a complaint about this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |                                     |
| If yes, please specify the agency and the date you filed, to the best of your recollection:  |                                     |
| Have you filed a court action in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| If yes, please specify in what court and the date you filed, to the best of your recollection:   |                                     |

