wagetheft@attorneygeneral.gov

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*

		Age Group	:	
Are you a veteran?	Yes 🗌 No	Under		
Are you on active duty?	☐ 18-34 ☐ 35-59	☐ 18-34 ☐ 65 and older ☐ 35-59		
Mr. Ms. Name [*]				
Address*				
City*		State*	Zip Code*	County*
Daytime Phone Number*	Home Phone Number*	Email Addr	Email Address	
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If completing this form on behalf of someone else, please complete the following information:

	Yes 🗌 No Yes 🔲 No	Age Group:	60-64	older
□ Mr. □ Ms. □ Mrs. □ Dr. Name*				
Address*				
City*		State*	Zip Code*	County*
Daytime Phone Number	Home Phone Number	Email Addres	ŝS	

Who is the complaint against?

Name of entity or person*	Phone Number:		
	()		
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 w	hich is not listed, e	xplain 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?	What happened to these individuals?		
Do you have any witnesses to verify or confirm your complain	t? 🗌 Yes 🔲 N	lo	
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 ag	gency? 🗌 Yes	🗌 No	
If yes, please specify the agency and the date you filed, to the	e best of your recol	lection:	
Have you filed a court action in this matter?			
If yes, please specify in what court and the date you filed, to the date you filed, th	he best of your rec	ollection:	

If you are represented by an attorney, please provide your attorney's name, address and telephone number:

What do you want to see happen as a result of your complaint?

Complaint Information:*

Please explain your complaint including the details such as date, time and location. Describe the events in the order in which they happened. If you are a member of a union, please list your local and contact information. If your complaint is based on discrimination, please include the relevant information for each person involled (race, gender, age, if known).

PLEASE READ CAREFULLY THE ATTORNEY GENERAL CANNOT ACT AS YOUR PRIVATE ATTORNEY

As a law enforcement agency, the primary function of the Attorney General is to represent the public at large by enforcing laws prohibiting unfair treatment in the workplace. Your complaint remains on file with our office and the information contained in it may be used to establish future violations of Pennsylvania law or other issues of general public importance.

I hereby verify that the information provided is true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.