



Mayor's Office of Labor
City of Philadelphia Wage Theft Complaints Law
COMPLAINT AND INTAKE FORM

Thank you for contacting the City of Philadelphia Mayor's Office of Labor. Please complete the questions below. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable.

If you have any questions about this form or would prefer to have a staff member help you complete the form, please contact the Office of Benefits and Wage Compliance at wagetheft@phila.gov.

If you prefer to use a language other than English, we can provide free translation assistance.

You can submit the completed form in the following ways:

- Email: wagetheft@phila.gov OR
- Mail to: Mayor's Office of Labor, Attn: Office of Benefits and Wage Compliance
1400 John F Kennedy Blvd, Room 267, Philadelphia, PA 19107

After the Mayor's Office of Labor receives your completed form, we will contact you within fifteen business days to gather any additional information we need or to notify you what action will be taken.

What can the Office do to help you?	<input type="checkbox"/> Help me resolve my complaint with my employer.	<input type="checkbox"/> Investigate an employer that I believe is violating the law (third party complaint).		
YOUR CONTACT INFORMATION				
First name:		M.I.:	Last name:	
Address (Building Number, Street Name, Apartment/Suite/Other):		City:	State:	ZIP Code:
Primary Phone Number:	Secondary Phone Number:	Email Address:		
<i>Correspondence regarding this complaint will be sent to you at the email address provided. Correspondence also may be sent to your postal address contingent on the results of the investigation of the complaint. It is your responsibility to update the Office of Benefits and Wage Compliance with your most current contact information.</i>				
EMPLOYMENT INFORMATION				
Employer:		Your Job Title/Function:		
Address of Employer: (Building Number, Street Name, Apartment/Suite/Other)		City:	State:	ZIP Code:
Name of Supervisor or Manager:		Supervisor/Manager Phone Number:	Supervisor/Manager Email Address:	
Name of Human Resources Department Representative:		HR Representative Phone Number:	HR Representative Email Address:	
On what date did you start working for the employer?		____ / ____ / ____ (MM/DD/YYYY)		
Are you still working for the employer?		Yes		No
If you are <i>not</i> , please select the reason:		Resigned/Quit	Discharged/Fired	Laid Off
What was your last day of work?		____ / ____ / ____ (MM/DD/YYYY)		
COMPLAINT INFORMATION				
Is the business (your employer) still in operation?			Yes	No
Do you think your employer has violated Title 9, Regulation of Businesses, Trades, and Professions of the Philadelphia Code?			Yes	No
Was the work that is the subject of this wage theft complaint performed entirely within the geographical boundaries of the City of Philadelphia?			Yes	No
Does your complaint meet the Threshold requirement (Min \$100, Max \$10,000)			Yes	No

If yes, on what date do you believe the employer first violated the law?	_____ / _____ / _____ (MM/DD/YYYY)	
Was there a written contract of employment between you and the named employer? (If yes, please attach)	Yes	No
Do you have paystubs? (If yes, please attach)	Yes	No
Were wages paid to you in a form other than a check? If yes, please explain:	Yes	No
Do you have a W-2 from this employer? (If yes, please attach)	Yes	No
Did you keep a time record? (If yes, please attach)	Yes	No
Did you make a written/oral request for your unpaid wages? (If written, please attach)	Yes	No
Are you a tipped employee (waiter, bartender, etc.)?	Yes	No
Are you considered a subcontractor/independent contractor?	Yes	No
Have you filed a private legal action? If yes, when?	Yes	No
Are you represented by an attorney or advocate? If yes, please provide the following information.	Yes	No
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Ext. _____		
Are you covered under a collective bargaining agreement?	Yes	No
Have you consulted your union for a resolution?	Yes	No
Name of Union: _____ Name of Union Representative: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Ext. _____		
Do you owe any money to the named employer for any reason? If yes, how much? \$ _____	Yes	No
Have you tried to resolve your complaint with the employer?	Yes	No
Briefly state the reasoning provided by your employer's refusal to pay.		
WAGES AND COMPENSATION		
What type of wages are you owed? Please check all that apply.		
<input type="checkbox"/> I was not paid for all or part of the time I worked	<input type="checkbox"/> I was paid less than the required minimum wage	
<input type="checkbox"/> I was not paid the wage rate I was promised	<input type="checkbox"/> I was not paid for overtime hours that I worked	
<input type="checkbox"/> Unauthorized deductions were taken from my paycheck	<input type="checkbox"/> I was required to work through my breaks and was not compensated	
<input type="checkbox"/> I was not paid the commissions as promised	<input type="checkbox"/> I did not receive earned leave pay upon separation from employment	
What was your rate of pay?		
Wage Rate: \$ _____ Per: _____ Hour _____ Weekly _____ Bi-Weekly _____ Monthly _____ By Piece If you checked "I was not paid at the wage rate promised" above, what should have been your wage rate? Promised wage rate: \$ _____ Per: _____ Hour _____ Weekly _____ Bi-Weekly _____ Monthly _____ By Piece If you checked "I was not paid commissions as promised", how much are you owed? \$ _____ How were your commissions calculated?		
What were the dates for which you were not paid?		
REGULAR HOURS (Insert Dates)	OVERTIME HOURS (Insert Dates)	
From: _____ To: _____	From: _____ To: _____	
Total number of unpaid hours: _____	Total number of unpaid OT hours: _____	
Does this include breaks you were required to work through?	Yes	No
Are you owed additional earning?		

Total unauthorized deductions: \$ _____	Total tips owed: \$ _____	
Total sick/vacation leave hours: _____	Total owed for earned leave: \$ _____	
Are you owed any additional earning not listed? If yes, please explain.	Yes	No
TOTAL GROSS WAGE THEFT CLAIM \$ _____ <i>(You may not file a claim for expenses. Claims without an total amount cannot be processed)</i>		
Please explain how you calculated your total gross wage theft claim. Please use additional sheets, if necessary.		
Please provide the Office of Benefits and Wage Compliance with any additional information that would be helpful in resolving your complaint.		
Please include any and all relevant documentation along with this form (i.e., pay stubs, time records, employment contract, collective bargaining agreement, correspondences with the named employer, etc.)		
Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.		
_____ Signature of Complainant	_____ Date	
_____ Print Name		
_____ Signature of Parent/Guardian (If complainant is under 18 years of age)	_____ Print name of Parent/Guardian	