

**THIS INFORMATION
IS AVAILABLE IN AN
ALTERNATE FORMAT**

Re: Your Complaint

Pursuant to your recent request, we are furnishing you with a Wage and Hour Complaint form which is on the reverse side of this letter. This complaint form should be used to file complaints relating to violations of wage and hour laws (such as failure to provide rest breaks or meal periods, irregular paydays, failure to provide itemized pay statements, failure to provide timely paychecks upon termination, etc.). This form may also be used to report apparent child labor law violations (prohibited work hours or occupations for example).

Do not use this complaint form if your claim is for unpaid wages. If you are claiming unpaid wages, complete a wage claim form which may be obtained at any office of the Bureau of Labor and Industries or from the bureau's website at www.oregon.gov/boli/whd/w_whhowinf.shtml.

Please complete the complaint form completely and submit it to:

**Bureau of Labor and Industries
Wage and Hour Division
800 NE Oregon Street #1045
Portland, OR 97232**

When you return this complaint to us, the Bureau of Labor and Industries will seek compliance with Oregon's Wage and Hour laws by informing the employer of the requirements of the law with respect to the alleged violations contained in the complaint.

Pursuant to the Public Records Law, the information provided on this complaint form, including the name of the complainant, is disclosable and may be provided upon request to the business against which the complaint is filed. However, to the extent permitted by the law, BOLI will not disclose the complainant's residential address, personal telephone numbers, and personal email address if the complainant requests that this information remain confidential. While you are not required to include your name or contact information on the complaint form, be advised that if the information provided is not sufficient or there are any questions regarding the complaint and we are unable to contact you, no further action may be taken.

Sincerely,

BUREAU OF LABOR AND INDUSTRIES
Wage and Hour Division

BUREAU OF LABOR AND INDUSTRIES
Wage and Hour Division
COMPLAINT FORM

OFFICE USE ONLY

File # _____

Main File # _____

**DO NOT USE THIS FORM IF YOU WISH TO FILE A CLAIM FOR UNPAID WAGES.
INSTEAD, COMPLETE A WAGE CLAIM FORM.**

Please Print

Date: _____

Name of business: _____

Name of business owner: _____

Department/division/branch (if applicable): _____

Type of business: _____

Employer's address: _____

Employer's telephone number: (____) _____

Number of employees: _____ Is there a union contract? Yes No

Check nature of complaint:

- Child Labor Age of Minor: _____
- Failure to receive required rest breaks or meal periods
- Are you a tipped food/beverage service employee that has been required by your employer to waive your meal periods?
- Deductions
- Final paychecks
- Issued paycheck(s) with insufficient funds
- Other (irregular pay, personnel records, no check stubs, etc.)

Describe the problem: _____

Did your employer take any adverse employment action against you because you complained about a violation of wage and hour laws? Yes No Please explain:

Note: Pursuant to the state's Public Records Law, the complaint form is a public record which may be made available to a member of the public upon request. However, to the extent permitted by the law, BOLI will not disclose the complainant's residential address, personal telephone numbers, and personal email address if the complainant requests that this information remain confidential. **I am submitting my address, telephone numbers, and email address in confidence and request that they not be disclosed.** Yes No

Your name: _____ Telephone: (____) _____

Address: _____ Email: _____
