

Wage Theft Complaint Form



The Office of the
Minnesota Attorney General
helping people afford their lives and live with dignity, safety, and respect

Wage Theft occurs when an employer does not pay an employee everything they are owed by law.

Examples of Wage Theft include: paying less than the minimum wage, requiring or allowing work off the clock without pay, not paying time-and-a-half for overtime, not paying earned tips, unlawful paycheck deductions, not paying a final check upon separation of employment, and misclassifying employees as independent contractors. If any of these situations apply to you, please fill out the Complaint Form below.

If you are in possession of an Employment or Independent Contractor Agreement, or any other employer policy or handbook that is relevant to your complaint, please submit a copy of it along with this form.

Your Information

Your Name

Date Started

Date Ended

Are you currently employed by this employer?

- Yes
 No

Reason for termination of employment:

Your Job Title

Your Hourly Rate or Salary (ex. \$15/hour OR \$200/day OR \$700/week)

Your Street Address

Your City, State, Zip

Primary Phone

Alternate Phone

Email

Employer Information

Employer Name

Employer Industry (ex. Manufacturing, agriculture, janitorial, construction)

Employer Size – approximately how many people work for this company?

- 0 - 10
 10 - 50
 50 - 100
 100+

Employer Street Address

Employer City, State, Zip Code

Supervisor Name

Supervisor Phone Number

Supervisor Email Address

Are you concerned that your employer would retaliate against you for contacting this Office and prefer to remain anonymous if the Office chooses to contact this employer regarding the claimed practice?

- Yes
 No

Other Information

Have you contacted another government agency?

- Yes
 No

If so, which one?

Did you file a complaint?

- Yes
 No

If so, what was the result?

Have you filed a lawsuit?

- Yes
 No

If so, with which court?

What was the result?

Are you a member of a union?

- Yes
 No

If so, which union?

Explanation & Resolution

Description of Complaint (check all that apply)

- Minimum Wage Violations
- Non-payment of Wages
- Failure to Pay Overtime
- Non-payment of Benefits
- Unlawful Deductions from Wages
- Sick/Safe Leave Violations
- Rest/Meal Break Issues
- Unpaid Off-the-clock Work
- Misclassified as an Independent Contractor
(When Really an Employee)
- Equal Pay
- Tip Issues
- Unpaid Comissions
- Retaliation
- Failure to Provide Personnel Records
- Failure to Provide Wage Notice (Rate of Pay, etc.)
- Other _____

Are other employees affected by this practice?

- Yes
 No
 I don't know

How many employees have been affected?

How long has this violation occurred?

Are there any potential witnesses?

- Yes
 No

If so, please provide their names and phones numbers:

Explanation of the Problem:

Did you complain about this issue to your employer?

- Yes
- No

If so, to whom did you complain and when?

Was any action taken?

- Yes
- No

If so, please explain:

What do you want your employer to do?

Do you have an employment or independent contractor contract or other relevant document in your possession?

By signing below, I acknowledge and/or consent to the following terms: (a) the information I am providing will be used by the Minnesota Attorney General's Office ("AGO") to attempt to resolve the issue about which I am contacting the Office, to communicate with me, and to otherwise assist in enforcing the law; (b) the information I provide will be accessible to AGO staff whose work assignments reasonably require access, to the state or legislative auditors, to other entities authorized by state or federal law, to persons authorized pursuant to a court order, and to others subject to my consent; (c) for the purposes described herein, I consent to the AGO disseminating information I provide to the person or entity complained against, to other law enforcement agencies, and to other consumer-assistance agencies; (d) I am not legally required to provide the information I have submitted or to consent to its release, but my failure to do so may make it more difficult to resolve my concern; (e) I understand that the AGO does not control the use or dissemination of information provided to third parties pursuant to my consent.

Signature _____ Date _____

Please mail completed, signed form (and any attachments) to:
Office of Minnesota Attorney General Keith Ellison, 445 Minnesota Street, Suite 1400, St. Paul, MN 55101.