

For Office Use Only	Vermont Department of Labor WAGE AND HOUR PROGRAM P.O. Box 488 ~ Montpelier, VT 05601-0488 Telephone: 802-828-0267 ~ Fax: 802-828-4198 Email: Labor-WageHour@state.vt.us COMPLAINT FORM	For Office Use Only Response: _____ Date: _____
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Name: _____ Telephone Number: _____

Mailing Address: _____
 (P.O. Box / Street) (Town) (State) (Zip Code)

If no telephone, how may you be reached? _____

May we leave an explicit message for you, including information about this complaint? _____

Do you wish us to tell the employer the source of this complaint? _____ (If no, the Wage and Hour Program will NOT contact you with the results of our inquiry.)

Business Name: _____ Business Telephone Number: _____

Business Owner's Name: _____ Type of Business: _____

Business MAILING address: _____
 (P.O. Box / Street) (Town) (State) (Zip Code)

Business PHYSICAL address: _____
 (Street) (Town) (State)

Are you an employee of this business? _____

Complaint about (check all that apply)

Unlawful child labor. [21 V.S.A. Chapter 5 Subchapter 4/Child Labor Rules]

Failure to provide a proper wage statement with each wage payment. [Vermont Minimum Wage Rules]

Failure to provide reasonable opportunities for employees to eat and to use toilet facilities [21 V.S.A. §304]

Unauthorized payment of wages by electronic transfer [21 V.S.A. §342(d)]

Failure to post mandatory employment law posters. [21 V.S.A. §442, Vermont Minimum Wage Rules]

Other (describe): _____

Please explain your complaint:

I hereby certify that, to the best of my knowledge, these statements are true.

Signature: _____ Date: _____