

Vermont Department of Labor Wage Complaint Form

WAGE and HOUR PROGRAM

63 Pearl Street

Burlington, Vermont 05401-4331

Telephone: 802-828-0267 Fax: 802-863-7655

Email: Labor.WageHour@vermont.gov

SSN:	First and Last Name:	Name of Business:
Personal Address:		Business Address:
City:	State: Zip Code:	City: State: Zip Code:
Claimant Email:	Telephone Number:	Employer Email: Telephone Number:

Section 1 – Complaint Basis:

- Unpaid wages
- Minimum wage violation
- Unpaid overtime
- Earned sick time violation
- Improper deductions from wages
- Failure to provide a proper wage statement with each wage payment
- Unlawful child labor
- Failure to accommodate nursing mother
- Other

Please explain your complaint or concern below:

*If this is NOT a claim for wages you may **STOP** here. Please sign and date below. Otherwise continue to the next page and complete Sections 2 and 3.

I hereby certify that, to the best of my knowledge, this statement is true.

Signature: _____

Date: _____

Section 2 – Wage Claim Information

Amount of claim \$ _____

Payment Due Date	Hours Worked	Hourly Wages	Wages Earned	Wages Paid	Wages Still Owed
Totals					

Expense Reimbursement		Improper Deductions		Unpaid Leave	
Date	Unpaid	Date	Unpaid Amount Deducted	Date	Unpaid
Total		Total		Total	

*You cannot file a claim for wages more than two years after the date they were due.

Section 3 – Employment Information

1. Employer: _____ Direct supervisor: _____
2. Type of work I performed: _____
3. Work was performed in Vermont: Yes No
4. Starting date of employment: _____ Ending date of employment: _____
5. Pay agreement: Oral Contract (provide copy) Written Policy (provide copy)
6. Rate of pay _____ Per: Hour Week Month Other
7. Pay received: Weekly Bi-Weekly Monthly Other
8. Method of payment: Check Cash Direct Deposit Other
9. Employment was terminated because: I quit I was discharged I'm still employed (N/A)
10. I signed authorization for other payroll deductions: Yes No
11. My employer sets regular work hours: Yes No
12. I was/am covered by a union contract: Yes No

I hereby certify that, to the best of my knowledge, this statement is true. I understand that a copy of this claim, and any materials that I submit to the Wage and Hour Program relative to this claim, will be forwarded to my employer and/or employer's representative

Print Name: _____ Last 4 of SSN _____
 Signature: _____ Date: _____