



Department of Consumer Protection
 148 Martine Avenue, Room 407
 White Plains, New York 10601
 Phone: (914) 995-2155
 Fax: (914) 995-3115

Wage Underpayment and Theft Worker Complaint Form

Please provide all requested information and enclose COPIES of final wage theft determinations and any other documents which pertain to your complaint.
 (Examples of pertinent documents: small claims court judgments, NYS Department of Labor determinations)

PLEASE PRINT OR TYPE ALL ENTRIES – COMPLETE WORKER AND CONTRACTOR INFORMATION

WORKER INFORMATION	CONTRACTOR INFORMATION
Your Name	Name of Home Improvement Contractor
Address	Address
City State Zip	City State Zip
Telephone Number (including area code)	Telephone Number (including area code)
Email Address	Subject of Complaint (include details on reverse)
Date(s) of Unpaid Wages	Total Amount of Unpaid Wages
Has this complaint been filed with another agency or court? If yes, indicate the agency/court name.	Has there been a final determination issued by a court or agency regarding the subject of this complaint? If yes, please attach documentation.

**COMPLETE REVERSE SIDE
 BE SURE TO SIGN AND DATE FORM**

<u>DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY</u>	
File Number _____	Investigated by _____ Reviewed by _____
Received by: Phone () Mail () Person () Agency () Web ()	
Date Acknowledged _____	Date Closed _____ Disposition _____ \$ _____

