

**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](http://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. You are not required to include your name on the complaint form. However, 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**

OFFICE USE ONLY

File # \_\_\_\_\_

Main File # \_\_\_\_\_

**COMPLAINT FORM**

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_