

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 DIVISION OF WAGE AND HOUR COMPLIANCE
 PO BOX 389
 TRENTON, NEW JERSEY 08625-0389

PLEASE ANSWER ALL QUESTIONS.

CASE NO.:

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint form and advise me of the results of the investigation.

PLEASE TYPE OR PRINT LEGIBLY IN COMPLETING THIS FORM IN ITS ENTIRETY.

ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION

EMPLOYMENT INFORMATION

NAME (LAST)	(FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER	
NUMBER AND STREET ADDRESS			TELEPHONE NUMBER (Give Area Code)	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT	
NAME OF EMPLOYER:			EMAIL:	
BUSINESS ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
EMPLOYER'S HOME ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
NATURE OF EMPLOYER'S BUSINESS IS:				
NAME OF CORPORATE OFFICERS / OWNER(S):				
Has the employer filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you submitted a Proof of Claim to the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DATE STARTED TO WORK	DATE LAST WORKED	IF NO LONGER EMPLOYED, WRITE THE REASON		
MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$		PER DAY: \$	PER WEEK: \$	
I WORKED IN – CITY:			COUNTY:	
THE KIND OF WORK I DID & TITLE:				
MY USUAL PAY-DAY WAS: <input type="checkbox"/> MON. <input type="checkbox"/> TUE. <input type="checkbox"/> WED. <input type="checkbox"/> THU. <input type="checkbox"/> FRI. <input type="checkbox"/> SAT. <input type="checkbox"/> SUN.				
THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AMOUNT: \$			DATE RECEIVED:	
THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS:				
THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCTIONS) WHICH I BELIEVE IS DUE ME IS: \$				
THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS)				

