

Miami-Dade County

CLAIM FOR WAGES REPORTING FORM

PLEASE PRINT OR TYPE

Name of Claimant (First, Middle, Last)

Address (RR, Box or Street Number) Apt. No. _____

City _____ State _____ Zip Code _____
Home Telephone Number Work Telephone Number
Cell Number _____ Personal Number _____
Email Address _____

Job Title _____
I performed the work which is the subject of this wage theft
complaint in Miami-Dade County. Yes ___ No ___
I kept a time record? (If yes, attach
a copy to this Claim for Wages) Yes ___ No ___

Rate of Pay _____
How often paid?
Per: Hour ___ Week ___ Month ___ Commission ___
Did any written contract or agreement exist between you and
named employer? (If yes, attach a copy) Yes ___ No ___

Time Period for which I am claiming wages _____
Number of hours, weeks, or months worked _____
Discharged ___ Laid Off ___ Quit ___ Still Employed ___
Date of next pay day after separation of employment _____
Have you made a written or oral request for your wages? (if
written, attach copy) Yes ___ No ___

What type of wage theft do you allege?
Please check all that apply.
I was not paid at all for some or part of the time _____
I was not paid as much as promised _____
Deductions were taken from my pay that should not
have been _____
I was not paid the minimum wage and I should have been _____
I was not paid overtime and I should have been _____
Other: _____

Name of Business/Employer _____
Address (RR, Box, Street Number) Apt. No. _____

City _____ State _____ Zip Code _____
Business Telephone Number Cell Phone Number

Employer Fax Number _____
Email Address _____

Is the business still in operation? Yes ___ No ___ Unknown ___
Names of each individual owner of business:

Owner's home address _____
Telephone Number _____
City _____ State _____ Zip Code _____

The last day I performed work for this/these employer(s) was not longer than one year ago. Yes _____ No _____

Reason, if any, for employer's refusal to pay: _____

How were you paid previously?

Check (Payroll or Personal) _____ Cash _____ Debit Card _____

Direct Deposit _____ Money Order _____ Other _____

If paid by check, attach a copy of checks or pay stubs.

In this section, we ask you for information, to the extent that you have it, that will help determine if the federal Department of Labor can help you.

Did your employer's business (along with any related businesses) gross at least \$500,000 last year in income (i.e. did your employer's business bring in \$500,000 or more before expenses)?

Yes _____ Probably or I believe so _____

Probably not or I don't think so _____

No _____ I have no idea _____

How many employees did your employer have while you worked for them? Please give a number, even if it's your best good faith estimate, and describe if necessary: _____

Please choose the category that best describes the industry you worked in or the type of work you were doing with the employer?

(Add List i.e. agriculture, construction, retail, restaurant, NAICS, etc)

Name of person(s) responsible for the daily operation of the business: _____

Title _____

Home Address (RR, Box or Street Number)

City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone Number _____

Is business in bankruptcy? Yes ___ No ___ Unknown ___

Is Owner in bankruptcy? Yes ___ No ___ Unknown ___

Gross Amount of Wages In Dollars and Cents You Believe Due

\$ _____

Claims without amount will be returned causing a delay in processing. You may file a claim for wages only. You may not file for expenses.

Please describe, to the extent of your knowledge, how large your employer's (or former employer's) business is; or if your employer has a series of related businesses, how big they are when taken together. For example, how many offices do they have and how large were those offices? Do they do business only in Miami-Dade County? Do they have large contracts? How many customers do they serve per month/per year?

Do you know of any offsets, deductions, or counterclaims your employer might make against your wage claim? Explain

I am represented by counsel. My attorney's name is _____

I am represented by an advocate who is not an attorney. By signing this complaint, I authorize the following person to represent me as my advocate in these County proceedings related to my wage theft complaint:

Name _____ Address _____ Telephone Number _____

This advocate (please circle) is / is not receiving compensation by me for representing me in these proceedings. I understand that the Hearing Examiner can remove the above-named non-attorney advocate from these proceedings for good cause.

I do not have a representative. _____

I understand that a Hearing Examiner, if appointed, may consolidate my case with similar cases and have them heard together. _____

To the best of my knowledge, my co-workers/former co-workers are bringing complaints, or have recently brought complaints, naming the same employer for similar instances of alleged wage theft. Yes _____ No _____ I Don't Know _____? If yes, please provide the names of those other aggrieved employees/former employees:

Please describe any witnesses whose testimony you may call upon at your hearing: _____

Please attach, and if necessary describe below, copies (**not originals**) of any written evidence you plan to use at your hearing:

I understand that describing testimony/evidence or attaching copies of evidence will assist Miami-Dade County in pursuing my complaint. I also understand that the Hearing Examiner has discretion on how and what evidence or testimony I present, but that describing testimony/evidence or attached copies of evidence will increase the likelihood that the Hearing Examiner will allow me to present it on the date of the hearing; _____

"By signing below, I am certifying that I file this complaint in good faith and that all of the facts stated in my complaint are true and accurate to the best of my knowledge. By signing below, I also affirm that I have not brought any private action nor am aware of either any private action brought on my behalf or any enforcement action brought the State of Florida based on the same facts and allegations as I allege in this complaint. I hereby request a hearing on this complaint before a Hearing Examiner."

Signature

Date

