



Delivering Excellence Every Day

Consumer Protection Mediation Center
140 West Flagler Street, Suite 902
Miami, FL 33130
Phone: (305) 375-3677
Fax: (305) 375-4120
E-mail: consumer@miamidade.gov
Web: www.miamidade.gov/business/consumer-protection.asp

Wage Theft Complaint Affidavit

Complainant Contact Information

*required information

Name:* _____
Address:* _____ Suite/Apt. #:* _____
City*: _____ State:* _____ Zip Code:* _____
Daytime No*: _____ Home No: _____
Cell No: _____ E-Mail: _____

If you do not have a daytime telephone number, provide an alternative contact:

Name: _____ Daytime No: _____

NOTE: *If your address or telephone number should change after filing this form you must promptly notify the County. Your complaint will be closed if the County is unable to contact you.*

Have you engaged an Attorney?* ☐ Yes ☐ No

Have you filed a private legal action?* ☐ Yes ☐ No

Are you aware of an any private action brought on your behalf, or of any enforcement action against the employer by the State of Florida?* ☐ Yes ☐ No

Employer Information

Company Name:* _____
Address:* _____
City:* _____ State:* _____ Zip Code:* _____
Telephone #:* _____ Extension:* _____
Web URL: _____ Company's Email: _____

Owner/Supervisor's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Cell Phone#: _____
Email: _____

Explain the Circumstances Surrounding Your Allegations

Explain How You Calculated The Amount You Are Claiming:

Unpaid Wages

Total amount of wages in Dollars and Cents you believe that you are owed:

\$ _____

(Claims without an amount cannot be processed. You may file a claim for wages only; you may not file for any expenses.)

How many hours did you work and not get paid? _____

Rate of Pay \$ _____ Per: ☐ Hour ☐ Week ☐ Bi-weekly ☐ Month ☐ Commission

Tips \$ _____ ☐ Hour ☐ Week ☐ Bi-weekly ☐ Month

Dates for which you were not paid?

From: _____ To: _____

Did you kept a time record? (if yes, attach) ☐ YES ☐ NO

Other Information

Was the work which is the subject of this wage theft complaint performed in Miami-Dade County? ☐ YES ☐ NO

Job title: _____

Are you considered a subcontractor? ☐ YES ☐ NO ☐ DO NOT KNOW

Date of hire: _____ Last day worked: _____

Worksite Address: _____

(If different from business address)

City: _____ State: _____ Zip Code: _____

I am represented by an advocate who is not an attorney: ☐ YES ☐ NO

If yes, provide:

NAME _____

Address:* _____

City:* _____ State:* _____ Zip Code:* _____

Telephone #:* _____ Extension:* _____

This advocate IS ___ IS NOT ___ receiving compensation from me for representing me in these proceedings. I understand that any Hearing Examiner can remove the above-named, non-attorney advocate from these proceedings for good cause. By signing this complaint, I authorize the person identified above to represent me as my advocate in any County proceedings related to my wage theft complaint.

By submitting this complaint affidavit I declare, under penalties of perjury, that I have read the foregoing complaint affidavit, that the facts stated in it are true and that any supporting documentation I submit will be copies of genuine documents. I hereby agree to participate in any conciliation efforts by the Consumer Protection Mediation Center, and I hereby request a hearing on this complaint before a Hearing Examiner, should conciliation efforts fail. I understand further that my complaint is a public record and that a copy of this complaint will be sent to the employer for their response.

Signature

____/____/____
Date