

What type of wage theft are you alleging?

**Note: you may not file a claim for expenses.
Please provide all requested information.**

1. What type of back wages are you owed? Please check all that apply

<input type="checkbox"/> I was not paid at all for some or part of the time	<input type="checkbox"/> I was paid less than the required minimum Wage
<input type="checkbox"/> I was not paid at the wage rate promised	<input type="checkbox"/> I was not paid for overtime hours that I Worked
<input type="checkbox"/> Unauthorized deductions were taken from my pay	<input type="checkbox"/> I was required to work through breaks
<input type="checkbox"/> I was not paid commissions as promised	<input type="checkbox"/> I did not receive earned sick/vacation leave upon separation

Other (please specify):

2. What was your rate of pay?

Wage Rate: \$_____ Per: Hourly Weekly Bi-weekly Monthly By Piece

If you checked "I was not paid at the wage rate promised" above, what should have been your wage rate?

Wage Rate: \$_____ Per: Hourly Weekly Bi-weekly Monthly By Piece

If you checked "I was not paid commissions as promised," how much are you owed and how were your commissions calculated? \$_____

3. What were the dates for which you were not paid?

Regular Hours (Insert Dates)	Overtime Hours (Insert Dates)
From: _____ To: _____	From: _____ To: _____
Total number of unpaid hours:	Total number of unpaid OT hours:
Does this include breaks you were required to work through? YES NO	

4. Are you owed additional earnings?

Total unauthorized deductions: \$ _____	Total tips owed: \$ _____
Total sick/vacation leave hours: _____	Total owed for earned leave: \$ _____

5. Are you owed additional earnings not listed above?

TOTAL GROSS WAGE THEFT CLAIM = \$ _____

Please explain how you calculated your total gross wage theft claim:

(You may not file a claim for expenses. Claims without a total amount cannot be processed)

OTHER REQUIRED INFORMATION

Was the work mentioned in this wage theft complaint performed entirely within the geographical boundaries of Miami-Dade County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any paystubs? (If yes, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a W-2 from this employer? (If yes, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you keep a time record? (If yes, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you make a written/oral request for your unpaid wages? (If written, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a tipped employee (waiter, bartender, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you considered a subcontractor/independent contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Is the business (your employer) still in operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Job title:			
Date of hire:		Last day worked:	
Worksite Address:			
City:		State:	Zip:
If you are working with an attorney or non-attorney advocate, please provide the following:			
Name:			
Address:			
City:		State:	Zip
Phone:		Email:	

By submitting this complaint affidavit, I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes.

Signature

____/____/____
Date

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.

Signature

____/____/____
Date

By submitting this complaint affidavit, 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.

Signature

____/____/____
Date

By submitting this complaint affidavit, I understand that I am solely responsible for collecting any award I may receive at hearing and further understand my complaint is a public record and that a copy of this complaint will be sent to the employer for their response.

Signature

____/____/____
Date

Complainants must sign and date acknowledging each of the mandatory disclaimers noted above. You may either print, sign, date, scan and email the executed complaint affidavit to consumer@miamidade.gov, or e-sign as follows: 1) **type /s/ at the beginning of each signature block;** 2) **type your full name and date in each signature block;** and 3) **save** the executed complaint affidavit and submit by email (as a pdf attachment to consumer@miamidade.gov).

E-sign signatures should look like the following: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

Forms may also be mailed to the address provided in the header of the first page.

For further information about the Miami-Dade County Wage Theft Program, please visit <http://www.miamidade.gov/business/wage-theft.asp>