



Case No: \_\_\_\_\_

## Wage Theft Complaint Affidavit

*Please provide all requested information.*

***Incomplete affidavits will be returned to complainant.***

### Complainant Contact Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite/Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Cell No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NOTE:** *If your address, telephone number, or email changes after filing this form you must notify us immediately so we can update you on your case. **Your complaint will be closed if we are unable to contact you.***

Were you referred to this office by the U.S. Department of Labor (DOL) or another government agency?  DOL  No Other \_\_\_\_\_

Have you filed a private legal action?  Yes  No  
 Has the employer filed for bankruptcy?  Yes  No  
 Is the employer out of business?  Yes  No

### Employer Information

Complete (Legal) Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Web URL: \_\_\_\_\_ Company's Email: \_\_\_\_\_  
 Owner(s) Name(s): \_\_\_\_\_  
 Do(es) owner(s) exercise(s) operational control of business and/or supervises Complainant?  Yes  No

Supervisor(s)/Manager(s) Name(s): \_\_\_\_\_  
 Supervisor's Home Address (if known): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
 Email: \_\_\_\_\_

## 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
<input type="checkbox"/> Other (please specify):	

### 2. What was your rate of pay?

Wage Rate: \$_____ Per: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
<b>Job title:</b>			
<b>Date of hire:</b>		<b>Last day worked:</b>	
<b>Worksite Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>If you are working with an attorney or non-attorney advocate, please provide the following:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip</b>
<b>Phone:</b>		<b>Email:</b>	

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](mailto: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](mailto: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 [www.miamidade.gov/business/wage-theft.asp](http://www.miamidade.gov/business/wage-theft.asp)