

Office Use ONLY
Date Received: ___/___/___
WR Case No: _____



Office of Intergovernmental Affairs and Professional Standards

Broward County Governmental Center

115 South Andrews Avenue, Suite 427 Fort Lauderdale, FL 33301

Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

WAGE RECOVERY COMPLAINT FORM

Effective January 2, 2013, if you have performed work in Broward County and your Employer either failed to pay or underpaid the wage rate applicable for the work you performed, you may be entitled to file a complaint with the Broward County Office of Intergovernmental Affairs and Professional Standards to recover your earned wages. In order to file a complaint under the Wage Recovery Ordinance, this completed form must be submitted to the Professional Standards Section.

Last Name: First Name: Middle Initial:

Home Ph. #: Work Ph. #: Cell. Ph. #:

Address: Apt./Unit #:

City: State: Zip Code:

Email address:

Does your employer have a contract with Broward County? Yes No Unknown

Type of work you performed: Date Hired:
(For example: construction, restaurant, childcare)

Your job title:

Have you received or will you be receiving an IRS Form 1099-MISC? Yes No

Have you received or will you be receiving an IRS Form W-2? Yes No

I believe that the following employer has violated the Broward County Wage Recovery Ordinance:

Employer's Name:

Address: Suite #:

City: State: Zip Code:

Telephone Number: Fax Number:

Supervisor's Name and Title:

In order to complete your complaint form, please answer the following questions.

If additional space is needed, please add an additional sheet.

Did you provide written notice to your employer of any wages not paid to you?
(A true copy of the written notice provided to your employer must be attached to your complaint.)

Yes

No

When?

Please note that you may not file a complaint until at least fifteen (15) days have passed since your employer received the written notice.

What was your employer's response?

Is your employer still in business?

Yes

No

Unknown

Does your employer owe you at least sixty dollars (\$60.00) or more in back wages?

Yes

No

What is your current status?

Still employed

Laid off

Terminated

Quit

If no longer employed, what was the date of the next pay day after your separation ?

When was the last date that you performed work for this employer?

How is your time recorded? *(For example: time card, time sheet)*

Method of pay:

Cash

Debit card

Direct deposit

Money order

Payroll or personal check

Other (please specify) _____

How often are you paid? *(For example: weekly, bi-weekly, monthly)*

Date(s) the wage violation occurred:

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

I was not paid at all for some or part of the time.

I was not paid the minimum wage and I should have been.

I was not paid as much as promised.

I was not paid overtime and I should have been.

Unauthorized deductions were taken from my pay.

I worked through breaks.

Other: Please specify

Total amount of unpaid wages:

Please explain how you calculated the total amount of wages owed. *(For example: I am paid \$10.00 per hour and I was not paid for one week. I worked 5 hours per day, 5 days per week. I am owed \$250.00):*

Is there evidence that can be examined or documents which can be reviewed? Yes No
If yes, please describe the evidence, for example, timecard or contract, and where it can be found, if known.

Do you know of any deductions or counterclaims your employer might make against your wage claim? If so, please explain:

If there are witnesses who have knowledge about your unpaid wages, please provide their names and contact information below.

Name	Address	Home /Cellular Telephone	Work Telephone

I am represented by an attorney. My attorney's name is: Telephone No.:

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 recovery complaint:

Name: Address:
Telephone No.:

Is the advocate receiving compensation for representing you in these proceedings. I understand that the Hearing Officer can remove the above-named non-attorney from these proceedings for cause. Yes No

Indicate if you do not have an attorney or representative by checking this box.

Under penalty of perjury, I declare that I have completed this form in good faith and my answers and statements contained herein are true and correct to the best of my knowledge.

Printed Name

Sign and Date

Please return this completed form and supporting documentation to the Office of Intergovernmental Affairs and Professional Standards. Supporting documentation means copies (not originals) of all notices/demand letters; copies of paychecks/check stubs; agreements relating to your wages; name of person(s) who can verify/substantiate your claim or allegations; copies of work schedules; time sheets; W-2 forms; contracts; or other record showing time worked or wages paid.