

**DEPARTMENT OF LABOR**  
**WAGE AND HOUR DIVISION**

Roman L.G. Quinata, Jr.,  
Administrator

James H. Underwood  
Director, Acting

Kenneth M.R. Cruz  
Deputy Director

***EMPLOYEE'S CONFIDENTIAL COMPLAINT STATEMENT***

**EMPLOYER'S INFORMATION**

Name of Employer: \_\_\_\_\_

Name of Owner/Supervisor: \_\_\_\_\_

Contact Nos. (Home/Work/Fax/Cell/Pager): \_\_\_\_\_

Home Address (Draw map on reverse side): \_\_\_\_\_

Office Address (Draw map on reverse side): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**COMPLAINANT'S INFORMATION**

Name (PRINT): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Contact Nos. (Home/Work/Fax/Cell/Pager): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FOR STATISTICAL PURPOSES ONLY:		ETHNICITY	
// Caucasian	// Chamorro	// Chinese	// Filipino
// African American	// Korean	// Japanese	// Asian Pacific Islander
// Chuukese	// Yapese	// Palauan	// Pohnepian
// Kosraean	// Marshallees	// OTHER: _____	(specify)

FOR STATISTICAL PURPOSES: CITIZENSHIP // U.S. // PRA // Resident  
// Other (Specify): \_\_\_\_\_

Employment Status: // Local Hire // Contractual // Non-Immigrant

Current Status: // Still employed // Resigned // Terminated/Fired

If terminated/fired/resigned, indicate last day of work: \_\_\_\_\_

Position Title/Occupation: \_\_\_\_\_

How many minutes is your meal/lunch period? \_\_\_\_\_ minutes

How are you paid/compensated: // Hourly @ \$ \_\_\_\_\_ // Salary @ \$ \_\_\_\_\_

// Semi-Monthly @ \$ \_\_\_\_\_ // Bi-Weekly @ \$ \_\_\_\_\_ // Monthly @ \$ \_\_\_\_\_

// Commission @ \$ \_\_\_\_\_ // Other (Specify): \_\_\_\_\_

Date of Employment (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

Pay Period Structure: //Weekly //Bi-Weekly //Semi-Monthly //Monthly

Daily Work Schedule: (BEGIN)\_\_\_\_\_ a.m./p.m. (END)\_\_\_\_\_ a.m./p.m.

Regular Day(s) Off During the Workweek: \_\_\_\_\_

Type of Payment/Compensation: //Check //Cash //Other (Specify)\_\_\_\_\_

Date of Last Payment/Compensation: \_\_\_\_\_

Are you paid/compensated within seven (7) days after the pay period ending? /  
/YES //NO

Are you paid overtime rate at 1.5 times your regular rate for hours worked in  
excess of forty (40) hours per workweek? //YES //NO

Are there any deductions made from your wages (excluding taxes, social security,  
and any deductions you have authorized in writing)? //YES //NO

If yes, specify type and reason for deduction: \_\_\_\_\_

\_\_\_\_\_

the above statements are true and correct to the best of my knowledge. as it may  
deem necessary, I hereby authorize for any and/or all information provided herein to  
be used in the course of an investigation.

\_\_\_\_\_  
SIGNATURE/DATE

\_\_\_\_\_  
PRINTED NAME

witnessed by:

\_\_\_\_\_  
Wage & Hour Official/Date Signed

<b>FOR OFFICE USE ONLY</b>	
//Minimum Wage //Overtime //Prevailing Wage //Recordkeeping //Illegal Deductions //Other (SPECIFY): _____	
CASE ASSIGNED TO: _____	CASE NUMBER: _____
_____ <b>WAGE &amp; HOUR ADMINISTRATOR SIGNATURE/DATE</b>	