

Garment Initial Report or Claim

FOR OFFICE USE ONLY

PLEASE PRINT OR TYPE ALL INFORMATION

Refer to the accompanying Guide to assist you in filling out this form.

Taken by:	Office:	Case #:
Date filed:	SIC #:	
RCI Complaint: <input type="checkbox"/> YES <input type="checkbox"/> NO	Action:	

PRELIMINARY QUESTIONS

1. Have you filed a retaliation complaint against your employer with the Labor Commissioner?		
<input type="checkbox"/> YES, on: _____ / _____ / _____ Month Day Year	<input type="checkbox"/> NO [If you have been retaliated against, you may file a retaliation complaint by filling out another form, "DLSE FORM 205."]	
2. Are other employees also filing wage claims against your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		

Part 1: LANGUAGE ASSISTANCE & REPRESENTATION

3a. Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	3b. If you checked "YES" to Box 3a, enter the language needed:		
4a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION		4b. ADVOCATE'S PHONE	
4c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)	CITY	STATE	ZIP CODE

Part 2: CLAIMANT INFORMATION

5. Your FIRST NAME	6. Your LAST NAME	7. Alias used during employment period:	
8a. HOME PHONE	8b. OTHER PHONE	9. BIRTH DATE	
10. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)		CITY	STATE
11. POSITION (List all duties)		12. Your EMAIL ADDRESS (if any)	
		STATE	ZIP CODE

Part 3: EMPLOYER INFORMATION

13. EMPLOYER / BUSINESS NAME:		14. EMPLOYER'S VEHICLE LICENSE PLATE #		15. EMPLOYER PHONE	
16. ADDRESS of EMPLOYER (Street Number, Street Name, Apartment Number)			CITY	STATE	ZIP CODE
16a. ADDRESS where you worked, if different from Box 16 (Street Number, Street Name, Apartment Number)			CITY	STATE	ZIP CODE
17a. Type of Business:	17b. Is the business still operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Check the box that describes your employer, if you know: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
19a. PERIOD WORKED	19b. CLAIM PERIOD	20. NO. OF EMPLOYEES	21. NAME OF PERSON IN CHARGE		
22. OWNER		23. WHO PAID YOU?		24. WHO SET YOUR WORK SCHEDULE?	
25. Did your employer have a system to record your hours worked? For example: time card, swipe card or any other method? If yes, what method? <input type="checkbox"/> Yes <input type="checkbox"/> No			26. Did your employer ever make you sign a time record before the hours worked were filled in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27a. Did someone else record your hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		27b. Name and Position of the person who recorded your hours worked:			
28a. Did your employer have more than one company name during your employment period? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill out Part 4: SUCCESSOR INFORMATION)		28b. Do you know if Employer changed its name or sold the business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, when was there a change? (If yes, fill out Part 4: SUCCESSOR INFORMATION)			

Part 4: SUCCESSOR INFORMATION # 1

NO SUCCESSOR

29. SUCCESSOR NAME		30. SUCCESSOR'S VEHICLE LICENSE PLATE #		31. SUCCESSOR PHONE	
32. ADDRESS of SUCCESSOR (Street Number, Street Name, Apartment Number)			CITY		STATE
33a. Did you work for Successor? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please complete # 33 in its entirety.)					
33b. Did you work with the same co-workers as your first Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
33c. Did you work on the same labels as with your first Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
33d. Is there a family relationship between Successor and your first Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what is the relationship?:					
34. PERIOD WORKED		35. TOTAL NUMBER OF EMPLOYEES		36. NAME OF PERSON IN CHARGE	
37. OWNER / OPERATOR		38. WHO PAID YOU?		39. WHO SET YOUR WORK SCHEDULE?	
40. Did your employer have a system to record your hours worked? For ex.: time card, swipe card or any other method? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what method?			41. Did your employer ever make you sign a time record before the hours you worked were filled in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42a. Did someone else record your hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		42b. Name and Position of the person who recorded your hours worked:			

SUCCESSOR INFORMATION # 2

43. SUCCESSOR NAME		44. SUCCESSOR'S VEHICLE LICENSE PLATE #		45. SUCCESSOR PHONE	
46. ADDRESS of SUCCESSOR (Street Number, Street Name, Apartment Number)			CITY		STATE
47a. Did you work for Successor # 2? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please complete # 47 in its entirety.)					
47b. Did you work with the same co-workers as Successor # 1? <input type="checkbox"/> Yes <input type="checkbox"/> No					
47c. Did you work on the same labels as with Successor # 1? <input type="checkbox"/> Yes <input type="checkbox"/> No					
47d. Is there a family relationship between Successor # 1 and Successor #2? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what is the relationship?					
48. PERIOD WORKED		49. TOTAL NUMBER OF EMPLOYEES		50. NAME OF PERSON IN CHARGE	
51. OWNER / OPERATOR		52. WHO PAID YOU?		53. WHO SET YOUR WORK SCHEDULE?	
54. Did your employer have a system to record your hours worked? For ex.: time card, swipe card or any other method? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what method?			55. Did your employer ever make you sign a time record before the hours you worked were filled in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
56a. Did someone else record your hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		56b. Name and Position of the person who recorded your hours worked:			

SUCCESSOR INFORMATION # 3

57. SUCCESSOR NAME		58. SUCCESSOR'S VEHICLE LICENSE PLATE #		59. SUCCESSOR PHONE	
60. ADDRESS of SUCCESSOR (Street Number, Street Name, Apartment Number)			CITY		STATE
61a. Did you work for Successor # 3? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please complete # 61 in its entirety.)					
61b. Did you work with the same co-workers Successor # 2? <input type="checkbox"/> Yes <input type="checkbox"/> No					
61c. Did you work on the same labels as with Successor # 2? <input type="checkbox"/> Yes <input type="checkbox"/> No					
61d. Is there a family relationship between Successor # 2 and Successor # 3? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what is the relationship?					
62. PERIOD WORKED		63. TOTAL NUMBER OF EMPLOYEES		64. NAME OF PERSON IN CHARGE	
65. OWNER / OPERATOR		66. WHO PAID YOU?		67. WHO SET YOUR WORK SCHEDULE?	
68. Did your employer have a system to record your hours worked? For ex.: time card, swipe card or any other method? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what method?			69. Did your employer ever make you sign a time record before the hours you worked were filled in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
70a. Did someone else record your hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		70b. Name and Position of the person who recorded your hours worked:			

PRINT YOUR NAME: _____

Part 6: COMPENSATION AND METHOD OF PAYMENT FOR REGULAR SCHEDULE

84a. How were your wages paid?

BY CHECK BY CASH

BY BOTH CASH & CHECK

If paid by BOTH CASH & CHECK, how much did you receive in cash and how much did you receive on your check?

OTHER: _____

84b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)?

YES NO

84c. Did you receive itemized wage statements when you received checks or cash payments? YES NO

85. Were you paid or promised a **FIXED amount of wages per pay period, no matter how many hours you worked** (for example, \$400 per week, regardless of how many hours you worked)?

YES: I was paid \$ _____ per day week every 2 weeks month semi-monthly
 other (specify): _____

I was promised \$ _____ per day week every 2 weeks month semi-monthly
 other (specify): _____

NO

86a. Were you an **HOURLY** employee?

YES: I was paid \$ _____ per hour.
I was promised \$ _____ per hour.

NO

86b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate**?

YES NO

If yes, list your rate changes by date:

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

Were your different rates based on the hours you worked or your different job tasks? YES NO

If yes, on what basis? _____

87. Were you paid by **PIECE RATE**?

YES NO

88a. If you were paid by **PIECE RATE**, and you received the same amount each pay period, how much did you receive each pay period?

88b. If you were paid by piece rate, and your pay fluctuated each pay period:

What is the lowest amount you received?

\$ _____

What is the highest amount you received?

\$ _____

Average = \$ _____

NOTES: _____

Part 7: SEASONAL SCHEDULE

Not applicable

89. Seasonal schedule period:

90. Employee Seasonal Schedule

	TIME WORK STARTED	TIME WORK ENDED	REST – AM	MEAL PERIOD #1	REST - PM	MEAL PERIOD #2
Monday – Friday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes
Saturday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes
Sunday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Minutes

91. How many Saturdays did you work per month?

92. How many Sundays did you work per month?

NOTES:

93. Did you take a rest period of at least 10 minutes for every 4 hours you worked? Yes No
If no, why not?

94. Were you provided with a meal period of at least thirty (30) minutes for every five (5) hours worked? Yes No
If no, why not?

95a. Have you missed work due to illness of self or a family member? Yes No
If yes, please state reason and specify dates:

95b. Have you missed work for any other reason (e.g. vacation?) Yes No
If yes, please state reason and specify dates:

96. Did the company close for any major Holidays? Yes No

- New Year's Day
- Memorial Day
- Labor Day
- 4th of July
- Thanksgiving Day
- Christmas
- Other:

NOTES:

Part 8: COMPENSATION AND METHOD OF PAYMENT FOR SEASONAL SCHEDULE

Not applicable

97a. **For Seasonal schedule:** How were your wages paid?

- BY CHECK BY CASH
 BY BOTH CASH & CHECK

If paid by BOTH CASH & CHECK, how much did you receive in cash and how much did you receive on your check?

OTHER: _____

97b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)? YES NO

97c. Did you receive itemized wage statements when you received checks or cash payments? YES NO

98. Were you paid or promised a **FIXED amount of wages per pay period, no matter how many hours you worked** (for example, \$400 per week, regardless of how many hours you worked)?

- YES: I was paid \$ _____ per day week every 2 weeks month semi-monthly
 other (specify): _____

- I was promised \$ _____ per day week every 2 weeks month semi-monthly
 other (specify): _____

NO

99a. Were you an **HOURLY** employee?

- YES: I was paid \$ _____ per hour.
I was promised \$ _____ per hour.
 NO

99b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate**?

- YES NO

If yes, list your rate changes by date:

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

\$ _____ from _____ to _____

Were your different rates based on the hours you worked or your different job tasks? YES NO

If yes, on what basis? _____

100. Were you paid by **PIECE RATE**?

- YES NO

101a. If you were paid by **PIECE RATE**, and you received the same amount each pay period, how much did you receive each pay period?

101b. If you were paid by piece rate, and your pay fluctuated each pay period:

What is the lowest amount you received?
\$ _____

What is the highest amount you received?
\$ _____

Average = \$ _____

NOTES:

Part 9: WITNESS INFORMATION

102. <input type="checkbox"/> No witnesses	<input type="checkbox"/> Other Claimant(s) will serve as witnesses
1. Name: _____	Relationship to claimant: _____
Address: _____	Phone #: _____
2. Name: _____	Relationship to claimant: _____
Address: _____	Phone #: _____
3. Name: _____	Relationship to claimant: _____
Address: _____	Phone #: _____

Part 10: DOCUMENTS RECEIVED FROM CLAIMANT *(for DLSE use only)*

Check stubs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Piece-rate tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Time cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Other time records from Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Payroll records	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Claimant's personal time and/or pay records	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
NSF checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Labels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Claimant's photo ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
ITIN / SSN information	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Original <input type="checkbox"/> Copy

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection.

Signed: _____

Date: _____

Print Name: _____

Part 11: LABELS (Make additional copies of this page if necessary.)

103a. Label (Attach label or list name of label)	
103b. RN #:	
103c. Description of Garment	
103d. <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Juniors <input type="checkbox"/> Other:	
103e. How often did you make clothes with this label? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	103f. During what period did you make clothes with this label? From _____ to _____
103g. Can you estimate % per day, week or month? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> % _____	
103h. Do you have a sample of garments sewed for this label? <input type="checkbox"/> Yes <input type="checkbox"/> No	
103i. Do you know where the completed garments were delivered to? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you know the address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
103j. Do you know the name of company to whom the completed garments were delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of company:	
103k. Did anybody other than your supervisor check, inspect or direct your work on this label? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What was the person's name? How often did they come to the factory? How do you know they were associated with this label? Did they speak to you directly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what did they say? If they found a mistake, what happened? Did you ever have to work overtime to correct a mistake? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how was that communicated to you? Did you ever have to work overtime to meet a deadline for delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how was that communicated to you? Were you ever instructed to give this label priority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how was that communicated to you?	

NOTES:

PRINT YOUR NAME: _____

Part 12: WAGES, COMPENSATION & PENALTIES OWED

104. CLAIMS (Check all boxes below that apply)	CLAIM PERIOD: START DATE (Month/Day/Year)	CLAIM PERIOD: END DATE (Month/Day/Year)	AMOUNT EARNED / CLAIMED
<input type="checkbox"/> REGULAR WAGES (includes minimum wages) (8 CCR §11010(4)(A); Labor Code § 2673.1(b))			\$
<input type="checkbox"/> OVERTIME WAGES (8 CCR §11010(3)(A); Labor Code §§ 510, 2673.1(b))			\$
<input type="checkbox"/> MEAL PERIOD PREMIUM (8 CCR §11010(11)(A); Labor Code §226.7(b))			\$
<input type="checkbox"/> REST PERIOD PREMIUM (8 CCR §11010(12) (A); Labor Code §226.7(b))			\$
<input type="checkbox"/> SPLIT SHIFT PREMIUM (8 CCR § 11010(4))			\$
<input type="checkbox"/> REPORTING TIME PAY (8 CCR § 11010(5))			\$
<input type="checkbox"/> LIQUIDATED DAMAGES (Labor Code §2673.1(e))			\$
<input type="checkbox"/> WAITING TIME PENALTY (Labor Code § 203)			\$
<input type="checkbox"/> INSUFFICIENT FUNDS CHECK PENALTY (Labor Code § 203.1)			\$
<input type="checkbox"/> ACCESS TO PAYROLL RECORDS (Labor Code § 226(f))			\$
<input type="checkbox"/> ACCESS TO PERSONNEL RECORDS (Labor Code § 1198.5(k))			\$
<input type="checkbox"/> SICK LEAVE PAY (Labor Code §§ 245, et seq.)			\$
<input type="checkbox"/> OTHER (Specify):			\$
ENTER SUBTOTAL (add all Amounts Earned / Claimed):			\$
ENTER TOTAL AMOUNT PAID:			\$
GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:			\$
105. Check box if you are claiming: <input type="checkbox"/> Attorney's Fees (Labor Code 2673.1(f))			

NOTES:

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Claimant:	Against:	Interpreter Needed:	Action Number:
Address of Claimant:	Address of Defendant:	Docket Date	Date Closed
Phone No. of Claimant	Phone No. of Defendant:	DATE(S) CLAIM RECEIVED	
Name & Address of Advocate:			
Phone No. of Advocate:			
Address change of Claimant as of:	Address change of Defendant as of:		
		DATE BOFE COMPLAINT FILED (if applicable)	DATE RCI COMPLAINT FILED (if applicable)

RECORD OF RECEIPTS				RECORD OF PAYMENTS TO CLAIMANT			
Date Received	Check, Cash, Money Order, etc.	Check, Cash, Money Order, etc. Number	Amount	Receipt Number	Division Check Number	Date Paid	Signature/Remarks
/ /			\$	No. L		/ /	
/ /			\$	No. L		/ /	
/ /			\$	No. L		/ /	
/ /			\$	No. L		/ /	
/ /			\$	No. L		/ /	
/ /			\$	No. L		/ /	

CONFERENCE: DATES			PEND: DATES			