

Initial Report or Claim

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

PLEASE PRINT OR TYPE ALL INFORMATION
Refer to the accompanying Guide to assist you in filling out this form.

PRELIMINARY QUESTIONS

1. Is your claim about a public works project ? [If your answer is "YES," STOP here, DO NOT FILL OUT THIS FORM, and fill out the "PW-1" claim form instead. If your answer is "NO," proceed with this form.]
2. Have you filed a retaliation complaint against your employer with the Labor Commissioner? <input type="checkbox"/> YES, on: ____/____/____ <input type="checkbox"/> NO [If you have been retaliated against, you may file a retaliation complaint by filling out another form, "DLSE FORM 205."] Month Day Year
3. Is there a union contract covering your employment ? <input type="checkbox"/> YES [If "YES," attach a copy of the Collective Bargaining Agreement.] <input type="checkbox"/> NO
4. 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

5a. Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	5b. If you checked "YES" to Box 5a, enter the language needed		
6a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION		6b. ADVOCATE'S PHONE ()	
6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)		CITY	STATE ZIP CODE

Part 2: YOUR INFORMATION

7. Your FIRST NAME	8. Your LAST NAME	9. HOME PHONE ()	10. OTHER PHONE ()	11. BIRTH DATE
12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)		CITY	STATE	ZIP CODE

Part 3: CLAIM FILED AGAINST (EMPLOYER INFORMATION)

13. EMPLOYER / BUSINESS NAME(S)		14. EMPLOYER'S VEHICLE LICENSE PLATE #	15. EMPLOYER PHONE ()	
16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite):		CITY	STATE	ZIP CODE
17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite):		CITY	STATE	ZIP CODE
18. NAME of PERSON IN CHARGE (First Name, Last Name)		19. JOB TITLE / POSITION of PERSON IN CHARGE		
20. TYPE OF BUSINESS	21. TYPE OF WORK PERFORMED	22. TOTAL NUMBER OF EMPLOYEES	23. EMPLOYER STILL IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
24. Check which box 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				

PRINT YOUR NAME: _____

Part 4: FINAL WAGES / BOUNCED CHECKS

<p>25. DATE OF HIRE</p> <p>_____/_____/_____ <small>Month Day Year</small></p>	<p>26. Check which box applies to you:</p> <p><input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ____/____/_____ <small>Month Day Year</small> <input type="checkbox"/> DISCHARGED on ____/____/_____ <small>Month Day Year</small></p> <p><input type="checkbox"/> Other (specify): _____</p>
<p>27a. If you QUIT, did you give 72 hours notice before quitting?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>27b. If you QUIT, have you received your final payment of wages including all wages owed?</p> <p><input type="checkbox"/> YES, on: ____/____/_____ <small>Month Day Year</small></p> <p><input type="checkbox"/> NO</p>
<p>28. If you were DISCHARGED, have you received your final payment of wages including all wages owed?</p> <p><input type="checkbox"/> YES, on: ____/____/_____ <small>Month Day Year</small></p> <p><input type="checkbox"/> NO</p>	
<p>29a. How were your wages paid?</p> <p><input type="checkbox"/> BY CHECK <input type="checkbox"/> BY CASH <input type="checkbox"/> BY BOTH CASH & CHECK</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>29b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Part 5: HOURS YOU TYPICALLY WORKED

30. Check which box applies: My work hours and days of work were usually the same each week that I worked.

My work hours and/or days of work varied per week or were irregular. **If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.**

31. If your work hours and days of work were usually the same each week, give your **BEST ESTIMATE** below of the hours you usually worked and any time you took for a duty-free meal period during your **TYPICAL workweek**. **DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).**

	TIME WORK STARTED	TIME WORK ENDED	1st MEAL START TIME (if applicable)	1st MEAL END TIME (if applicable)	2nd MEAL START TIME (if applicable)	2nd MEAL END TIME (if applicable)	ONLY IF YOU WORKED A SPLIT SHIFT:	
DAY 1 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 2 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 3 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 4 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 5 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 6 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm
DAY 7 of your workweek:	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	____ am ____ pm	1st shift ended at ____ am ____ pm	2nd shift started at ____ am ____ pm

Part 6: PAYMENT OF WAGES

32. 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

33a. Were you an **HOURLY** employee?

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

NO

33b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate** (based on the hours you worked or different job tasks)?

YES (describe): _____

NO

34. Were you paid by **PIECE RATE**? YES NO

35. Were you paid by **COMMISSION**? YES NO

Part 7: WAGES, COMPENSATION & PENALTIES OWED

36. 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 (for non-overtime hours)			\$
<input type="checkbox"/> OVERTIME WAGES (including double time)			\$
<input type="checkbox"/> MEAL PERIOD WAGES			\$
<input type="checkbox"/> REST PERIOD WAGES			\$
<input type="checkbox"/> SPLIT SHIFT PREMIUM			\$
<input type="checkbox"/> REPORTING TIME PAY			\$
<input type="checkbox"/> COMMISSIONS ***			\$
<input type="checkbox"/> VACATION WAGES ***			\$
<input type="checkbox"/> BUSINESS EXPENSES			\$
<input type="checkbox"/> UNLAWFUL DEDUCTIONS			\$
<input type="checkbox"/> OTHER (Specify):			\$
ENTER <u>SUBTOTAL</u> (add all Amounts Earned/Claimed):			\$
ENTER <u>TOTAL AMOUNT PAID</u>:			\$
<u>GRAND TOTAL OWED</u> [Subtotal minus Total Amount Paid]:			\$

*** Additional DLSE form should be submitted if you are making this claim. See "Instructions for Filing a Wage Claim."

37. Check box(es) if you are claiming: Waiting time penalties [Labor Code §203]
 Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection. The amounts claimed are based on my best estimates at this time and may be adjusted based on further information, or based on assistance with my claim provided by DLSE.

Signed: _____ Date: _____

Print Name: _____

DO NOT WRITE ON THIS SIDE – For Office Use Only

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, etc.	Receipt Number	Amount	Division Check Number	Date Paid	Balance Due	Signature/Remarks

CONFERENCE: DATES				PEND: DATES				

NOTES: