Virginia Department of Labor and Industry
Labor & Employment Law Division

INSTRUCTIONS FOR COMPLETING "CLAIM FOR PAYMENT OF WAGE RETALIATION" FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached claim form for payment of wage retaliation must be fully completed, printed out, signed, and returned by mail in order for your claim to be investigated. Please fill in all areas completely. If necessary, use a separate sheet of paper to provide additional information or explanation. Send the original claim form and include **copies** of all documents that will support your claim – **original documents will not be returned to you**. You must be able to prove that you were retaliated against for **filing a claim for unpaid wages** with the Department of Labor and Industry *or* **filing a civil suit against your employer for unpaid wages**. Incomplete forms will be returned, causing a delay in the investigation of your claim.

ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE ANY OUTCOME. Upon acceptance of your claim by the Virginia Department of Labor and Industry, do not assume that your claim is valid.

Please notify this office **immediately in writing** of any change in your address or telephone number.

INSTRUCTIONS FOR SUBMITTING "CLAIM FOR PAYMENT OF WAGE RETALIATION" FORM

Submit completed claim forms by U.S. postal mail only. Faxed or emailed forms will not be accepted!

Please mail your completed claim form to the following address:

Division of Labor and Employment Law
Virginia Department of Labor and Industry
6606 West Broad Street, Suite 500
Richmond, Virginia 23230

Remember to sign the claim form and make sure to include the employer's full address. Please include your email address for notices about your claim. Once your claim form has been received and processed by the Department, you will be contacted with next steps.

Claim Number: _____

For Official Use Only

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY
STATEMENT OF CLAIM FOR PAYMENT OF WAGE RETALIATION

Please type or print clearly. We may be unable to assist you if your answers are incomplete or illegible.

YOUR FULL NAME: _____

YOUR STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ BIRTH DATE: _____

WHAT WAS YOUR JOB TITLE? _____

HIRE DATE: _____ TERMINATION DATE: _____ LAST DATE ACTUALLY WORKED: _____

SUPERVISOR'S NAME: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____ APPROXIMATE NUMBER OF EMPLOYEES: _____

BUSINESS STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____EMPLOYER'S HOME/CELL PHONE: _____

BUSINESS MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:

_____

DID THEY CONDUCT BUSINESS UNDER ANY OTHER NAME(S)? YES ☐ NO ☐ IDENTIFY: _____

COMPANY PRESIDENT OR OWNER NAME: _____TITLE: _____

PRESIDENT OR OWNER'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IDENTIFY THE PLACE WHERE YOU PERFORMED WORK FOR THIS BUSINESS.

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. YES ☐ NO ☐ IS THE BUSINESS CLOSED OR IN BANKRUPTCY?

2. YES ☐ NO ☐ DID YOU FILE A CLAIM FOR UNPAID WAGES WITH THE VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY?

   IF YOUR ANSWER IS "YES," WHEN DID YOU FILE A CLAIM? _____

3. YES ☐ NO ☐ DID YOU FILE A CIVIL SUIT AGAINST YOUR EMPLOYER FOR UNPAID WAGES?

   IF YOUR ANSWER IS "YES," WHEN DID YOU FILE SUIT? _____

4. YES ☐ NO ☐ WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR AN INDEPENDENT AGENT?

5. YES ☐ NO ☐ HAVE YOU FILED A COURT CASE CONCERNING YOUR EMPLOYER'S RETALIATION AGAINST YOU?
   IF YOUR ANSWER IS "YES," IN WHICH COURT DID YOU FILE? _____

6. YES ☐ NO ☐ HAVE YOU HIRED A LAWYER?

7. YES ☐ NO ☐ WERE YOU EMPLOYED TO PERFORM WORK AS PART OF A VIRGINIA PUBLIC WORKS PROJECT?

8. WHAT ACTION(S) HAVE OCCURRED IN YOUR EMPLOYMENT CAUSING YOU TO MAKE THIS CLAIM? CHECK **ALL** THAT APPLY:

TERMINATION ☐ SUSPENSION ☐ DEMOTION ☐ CHANGE IN HOURS ☐ CHANGE IN PAY ☐

WRITTEN WARNING ☐ THREATS ☐ TRANSFER ☐ FORCED TO RESIGN ☐

OTHER (EXPLAIN) ☐: _____

DATE OF ACTION: _____

NAME OF PERSON(S) CARRYING OUT ACTION: _____

TITLE OF PERSON(S) CARRYING OUT ACTION: _____

REASON GIVEN FOR ACTION: _____

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9. YES ☐ NO ☐ WERE YOU PROVIDED ANY WRITTEN NOTICE OF THE ACTION(S) OR CHANGE(S)?
   If so, please provide a copy of the notice along with your claim form.

10. PLEASE DESCRIBE THE NATURE AND CIRCUMSTANCES SURROUNDING YOUR EMPLOYER'S RETALIATION AGAINST YOU FOR FILING A CLAIM FOR UNPAID WAGES OR FILING A CIVIL SUIT AGAINST YOUR EMPLOYER FOR UNPAID WAGES.

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(If additional space is needed, please attach any supplemental narrative or explanation you deem necessary.)

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-33.2, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to $10,000 or imprisonment for up to 6 months or both.

_____ DATE: _____

Signature of Claimant – Please sign in **ink.**