Division of Labor Standards
Harriman State Office Campus
Building 12, Room 266B
Albany, NY 12240

WE ARE YOUR DOL

NEW YORK STATE OF OPPORTUNITY. Department of Labor

www.labor.ny.gov

Information About Filing a Claim

Read this carefully to learn if you should file a claim with Labor Standards. Complete the LS 223 to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, etc.

- **If you:**
  - are a Farm Worker, please use form LS 710 to file a complaint
  - wish to file a Salary History complaint, please use form LS 608.1
  - wish to file a Pay Equity complaint, please use form LS 608.2

The LS 223 is available in languages other than English. Any person working in New York State may send a complaint to the New York State Department of Labor. If the information provided here doesn't answer your question, call (888) 469-7365.

Return your completed form to the address above.

Labor Standards accepts many types of claims and complaints related to wages owed and other employment issues. For example, you may:

- **Claim unpaid wages if:**
  - Your employer did not pay you for all hours worked (including on the job training)
  - Your paycheck bounced due to "not sufficient funds" (NSF)
  - You did not receive all your tips
  - Your rate of pay was lowered without prior notice
- **Claim illegal deductions** if your employer:
  - Deducted wages from your pay
  - Charged you for damages
  - Overcharged you for your portion of the Paid Family Leave contribution
- **Claim unpaid wage supplements** if your employer promised you (verbally or in writing), but did not provide **earned:**
  - Vacation pay
  - Holiday pay
  - Bonuses

  If the employer never promised to pay wage supplements, they are not required by law to pay them.
- **Claim unpaid wage supplements** if your employer owes you (according to State Law), but did not provide **earned:**
  - Paid sick leave
  - Wage Parity supplemental benefits
  - Paid days of rest for domestic workers
- **Claim minimum wage/overtime pay** if your employer:
  - Paid you less than the current minimum wage, the fast food minimum wage, or the tipped worker minimum wage
  - Did not pay an overtime rate for hours worked over 40 in one week (Most employees must be paid time and ½ their rate of pay for more than 40 hours worked, but there are some exceptions.)
- **Claim minimum wage extras** if:
  - Your employer owes you extra pay for cleaning your own uniform
  - You are owed call-in pay

- You are owed additional pay because your workday spans more than 10 hours from start to finish
- **Make a non-wage complaint** if your employer failed to provide the required meal period, day of rest, pay stub, notice of pay, timely payment of wages, or took a negative action against you for making a complaint related to the Labor Law
- **Send information to support your claim** (if available), such as copies of a benefit policy, pay stubs, cancelled checks, checks not honored, time records, etc. (**Do not** send original documents.)

You must complete Parts 1 through 3 and 8 through 10. Also complete:

- Unpaid Wages and/or Illegal Deductions claim, Part 4
- Wage Supplement claim, Part 5
- Minimum Wage or Overtime claim, Part 6
- Non-wage complaint, Part 7

After you file a claim, expect a letter from us within 25-30 business days listing your case number and other important information. Keep the letter that has your case number on it. Tell us right away if the employer pays you what you are owed, or if you change your address or phone number.

Labor Standards cannot accept every claim. Labor Standards will not accept claims if you:

- Worked outside of New York State
- Have filed an action to recover your wages in small claims or civil court
- Are claiming commissions from sales.
- Were in business for yourself, or were truly an independent contractor
- Are owed wages from a government agency, town, county, or city
- Are owed wages from more than three years since the date you earned the wages or supplements due to you
- Are making a claim for wages or benefits that are subject to a Union's grievance and arbitration procedure
- Have an employer benefit policy that excludes you from collecting accrued benefits for a specific reason (e.g., quit without notice)
- Are owed a wage supplement, but 30 days have not passed since it became due
- Worked as an executive, administrative, or professional employee and earned over $900 per week
- Performed public work (use the PW4 to make a complaint)

Labor Standards does not investigate claims of discrimination, failure to provide family leave benefits, work-related safety concerns, or disability claims. Please call (888) 469-7365 for further information on other state agencies that may be able to assist you.

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Office Use Only:
LS ID _____
LCM _____
PV ☐ Priority _____
Taken by _____
Date _____

Labor Standards Complaint Form

Use this form to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, etc.

Note: This complaint form is available in languages other than English. Anyone working in New York State may make a complaint to the New York State Department of Labor.

Please answer all questions for each part related to your claim. Providing complete information helps us review your complaint and accept it for investigation. Return your completed form to the address above.

We will contact you if we do not have enough information to proceed or if your claim appears invalid. If you have questions about how to complete this form call (888) 469-7365.

We cannot accept the following wage or supplement claims:

- For work performed outside of New York State.
- From anyone employed in an administrative, executive, or professional capacity who earns over $900 gross per week (they are excluded from coverage under Sections 190[7] and 198-c[3]).
- From individuals employed by a public entity such as a town, county, or city.
- From individuals who are in business for themselves.
- For work performed on a public work project (use form PW-4).

Part 1. Person Filing Claim (Employee/Complainant Information)

1. Name:(first) _____ (middle) _____ (last) _____
2. Another name known by at work: _____
3. Mailing address: No: _____ Street: _____ Apt. # _____

   City/town: _____ County: _____ State: _____ Zip code: _____
4. Phone: (_____) _____ 5. Other phone:(_____) _____
6. Email: _____ 7. Your primary/preferred language: _____

Part 2. Claim Filed Against (Business/Business Owner Information)

8a. Business name: _____

8b. Legal name (if different): _____

8c. Legal entity type: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation ☐ Other: _____

8d. Mailing address: No.: _____ Street: _____ Fl/Rm/Suite#: _____

City/town: _____ County: _____ State: _____ Zip code: _____

8e. Business phone: (_____) _____ 8f. Email: _____

9a. Owner(s) name(s) and title(s): _____

_____

9b. Mailing address: No.: _____ Street: _____ Apt. #: _____

City/town: _____ County: _____ State: _____ Zip code: _____

9c. Owner phone: (_____) _____ 9d. Email: _____

10. Business type: ☐ restaurant ☐ retail store ☐ domestic help ☐ construction ☐ office ☐ other: _____

11. Business hours of operation: _____ 12. Total # of employees: _____

13a. Is the company still in business? ☐ Yes ☐ No 13b. If "No," when did business close? _____

14. Employer's bank name and location (attach copy of check or check stub): _____

15. Has the employer filed for bankruptcy? ☐ Yes ☐ No ☐ Unknown

Part 3. Person Filing Claim (Employment Information)

16. Your job title: _____ 17. Type of work you performed: _____

_____

18. Date hired: _____ 19. Name and title of person who hired you: _____

20. Name/s of your manager/supervisor/foreman: _____

21. Name of person who paid your wages: _____

22. Worksite address: No.: _____ Street: _____ Fl/Rm/Suite#: _____

City/town: _____ County: _____ State: _____ Zip code: _____

23. Did you regularly travel outside New York State for work? ☐ Yes ☐ No

24. Your relationship with business: ☐ Still employed ☐ Discharged ☐ Quit ☐ Temporarily laid-off

25a. Last day worked: _____ 25b. Reason for leaving: _____

26a. Were you a member of a union? ☐ Yes ☐ No 26b. If "Yes," union name and Local no.: _____

27a. Your rate of pay: $_____ per ☐ Day ☐ Week ☐ Hour ☐ Other _____

27b. Your overtime rate of pay: $_____

28a. Did you earn tips on a regular basis? ☐ Yes ☐ No 28b. If "Yes," how much on average per hour? _____

28c. Has your employer kept your or any other employee's tips? ☐ No ☐ Yes – yours ☐ Yes – others'

28d. If "Yes," how much? Please Explain: _____

29a. What was your payday? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

29b. What period did this cover? (e.g. Sat through Fri) _____

30. How often were you paid? ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Other _____

31. How were your wages paid? ☐ Cash ☐ Check ☐ Direct Deposit ☐ Pay Card

☐ Combination: (please explain - e.g. part in cash and part by check) _____

32a. Were you required to wear a uniform? ☐ Yes ☐ No 32b. If "Yes," describe the uniform _____

32c. Were uniforms free of charge? ☐ Yes ☐ No 32d. If "No," how were uniforms purchased and how much did they cost? _____

Part 4. Unpaid Wages Claim

Fill in this section if you are owed wages (see Part 6 if you are due overtime pay). Use one row for each week. Gross wages mean the amount earned before taxes or other deductions. Attach a separate sheet(s) for additional weeks, or to give more information.

A. Payroll Week Ending Date	B. Number of Days Worked in the Week	C. Hours Worked in the Week	D. Rate of Pay (Earned or Promised)	E. Illegal Deductions from Wages (e.g. fines, breakage, etc.)	F. Gross Wages Owed for the Week	G. Gross Wages Paid (If employer paid some of the wages owed write the amount here)	H. Difference Between Gross Wages Owed and Gross Wages Paid
Example 4/4/2017	7	35	$16.00 per hour		$560 (CxD)	$0	$560 (F-G)
						I. Total	

33a. If your paycheck was not honored by the bank, please provide check number and payroll week ending date. If available, provide a copy of the check: _____

33b. Claim Range: What time period does your wage claim cover?
Date from: _____ to: _____

Part 5. Unpaid Wage Supplement Claim

Fill in this section for wage supplements you are owed. Wage supplements are fringe benefit payments promised by the employer such as: vacation pay, expenses, holiday pay, etc.

34. Explain the benefits promised or attach a copy of the written policy/handbook: _____

A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex.: Vacation pay	1/1/16–12/31/16	1/1/17	1 week	$700	☑ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
					☐ written policy ☐ verbal promise
				G. Total	

Part 6. Unpaid Minimum Wage or Overtime Claim

Fill in this section if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime, or if you are owed extra pay for working 2 shifts in one day, or for working more than 10 hours in one day. Most employees must be paid at least the minimum wage and time and ½ if they work more than 40 hours per week.

35a. Are you paid the minimum wage for each hour worked? ☐ Yes ☐ No

35b. Are you paid time and ½ for the hours worked over 40? ☐ Yes ☐ No

35c. Are you paid any wages for the hours worked over 40? ☐ Yes ☐ No 35d. If "Yes," how much per hour?_____

35e. Are you paid an extra hour for working 2 shifts in one day or for working more than 10 hours in one day?

☐ Yes ☐ No

35f. If "No" to any of the above, please explain and fill in the schedule of your work week below:_____

_____

A. Workday	B. Time Workday Started	C. Time Workday Ended	D. Time off for Meals	E. Total Hours
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
			F. Weekly Total	

36a. Are the hours worked listed above the same every week? ☐ Yes ☐ No

36b. If "No," please provide your estimate of average number of hours worked per week:_____

36c. Are you owed call-in pay, or uniform maintenance pay? If yes, please explain and provide dates.

_____

36d. Claim Range: What time-period does your minimum wage or overtime claim cover?
Date from: _____ to: _____

36e. Provide information on your regular and overtime rates of pay during the above claim range.

Date from: _____ to: _____

Regular: $ _____ per _____ Overtime: $ _____ per _____

Date from: _____ to: _____

Regular: $ _____ per _____ Overtime: $ _____ per _____

Date from: _____ to: _____

Regular: $ _____ per _____ _____ per _____

Part 7. Non-Wage Complaint

Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.

The employer failed to:

37a. ☐ Provide a 30-minute meal period _____

Were you paid for the time worked when the employer failed to provide the meal period? ☐ Yes ☐ No

37b. ☐ Provide a wage statement (pay stub) _____

37c. ☐ Provide a day of rest _____

37d. ☐ Provide a termination notice _____

37e. ☐ Provide a notice of pay rate _____

37f. ☐ Pay wages on time _____

37g. ☐ Pay wages "on the books" _____

37h. ☐ Post required notices/Minimum Wage Poster _____

37i. ☐ Follow rules for employment of minors (under 18) _____

37j. ☐ Other _____

Part 8. Claim Background

38a. Did you ask for your wages? ☐ Yes ☐ No

38b. If "Yes," please explain. Who and when did you ask, and what happened?

_____

_____

38c. Have you already taken action, such as filing in small claims court or a lawsuit, to recover your wages?

☐ Yes ☐ No

38d. If "Yes," please explain: _____

Part 9. Retaliatory Action

39a. Did you complain to your employer about this or another labor law violation? ☐ Yes ☐ No

39b. If "Yes," what happened? _____

39c. Do you now want to file a retaliation claim against this employer? ☐ Yes ☐ No

Part 10. Claim Assistance

40a. Do you have a representative (e.g. private attorney, advocacy group)? ☐ Yes ☐ No

40b. If "Yes," provide name of person or group: _____

40c. Has this representative assisted you in filing this claim? ☐ Yes ☐ No

40d. Have you paid, or do you plan to pay this representative? ☐ Yes ☐ No

40e. Do you want us to speak with this representative about your claim? ☐ Yes ☐ No
If so, representatives must submit a Letter of Representation (LS 11).

40f. Did anyone, other than the representative, help you fill out this form? ☐ Yes ☐ No

40g. If "Yes." who helped you and why did they help you? _____

Additional Comments/Useful Information:

_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.

_____ _____
Claimant Signature Date

Return your completed form to the address on Page 1.