

**You may remain anonymous on the form below or when you call the Tip Line at (401) 462-WAGE (9243). The more information provided, however, will help DLT examine your complaint. Thank you.**



Rhode Island Dept. of Labor and Training  
LABOR STANDARDS – BLDG. 70-2  
1511 Pontiac Avenue, P.O. Box 20390, Cranston, RI 02920-0944

## **PAY EQUITY COMPLAINT FORM**

Employee information:

Name:

Mr.  Mrs.  Ms. \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Title of position: \_\_\_\_\_ Email: \_\_\_\_\_

Employer information: (Complaint will not be accepted unless this section is completed.)

Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

President/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Local Manager Name: \_\_\_\_\_

Place work was performed if different from above: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Were you discharged?  Yes  No or did you leave?  Yes  No

Are you collecting Unemployment Insurance?  Yes  No

Have you discussed the issue of pay equity with your employer?  Yes  No

WHAT WAS THEIR RESPONSE?

When did you last speak with your employer? \_\_\_\_\_

With whom did you speak? \_\_\_\_\_ Title: \_\_\_\_\_

Company telephone number (if different from above): \_\_\_\_\_

The company's reason for disparity in wages: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Oper hour  Oper week  Unpaid wages owed?  Yes  No

What dates did you work for the money which you claim you are owed?

From \_\_\_\_\_ to \_\_\_\_\_ Total amount owed: \$ \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Have you taken any other action against your employer in this matter?  Yes  No

If yes, please explain:

Will you fully cooperate with the Attorney General's Office, including appearing in court?

Yes  No

EXPLAIN IN DETAIL the facts relating to why you are filing this pay equity complaint. What led you to discover the disparity in wages? Please provide any details on your complaint.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS IS A TRUE STATEMENT OF THE FACTS RELATING TO MY COMPLAINT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Minor child requires parent's signature) \_\_\_\_\_

**PLEASE PRINT CLAIM FORM, SIGN AND FORWARD TO THE ADDRESS AT TOP OF FORM.**