



**STATE OF RHODE ISLAND**  
**DEPARTMENT OF LABOR AND TRAINING**  
**LABOR STANDARDS UNIT – BUILDING 70-2**  
P.O. Box 20390, Cranston, RI 02920-0944  
T: 401-462-8550 | E: DLT.LaborStandards@dlt.ri.gov

**OFFICIAL USE ONLY**

Case Number:  
Date Received:  
Date Closed:  
Examiner:

## PAY EQUITY COMPLAINT FORM

Complete both sides of this form, sign and return to the address above or email to [DLT.LaborStandards@DLT.RI.Gov](mailto:DLT.LaborStandards@DLT.RI.Gov); **do not fax**. Type or print clearly. Incomplete forms will be returned. Complete ALL items to the best of your knowledge. Enclose any copies of documentation that may be relevant to your claim. Please notify this office immediately by mail if you have a change of address, phone number or have been paid.

### EMPLOYEE INFORMATION

Name: Mr. Mrs. Ms. \_\_\_\_\_ SSN: \_\_\_\_\_  
(first, middle initial, last)

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### EMPLOYER INFORMATION *(Complaint will not be accepted unless this section is completed.)*

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

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

City/Town: \_\_\_\_\_ 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/yyyy) (mm/dd/yyyy)

Were you discharged, or did you leave? Discharged Left Voluntarily

Are you collecting Unemployment Insurance? Yes No

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

If yes, what was their response?

When did you last speak with your employer? \_\_\_\_\_  
(mm/dd/yyyy)

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

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

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

Rate of Pay: \$ \_\_\_\_\_ per hour per week

## INFORMATION ABOUT UNPAID WAGES

Are 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/yyyy mm/dd/yyyy

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

If yes, please explain:

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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. If you need more space, please attach additional pages.

**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: \_\_\_\_\_

If minor, parent signature required: \_\_\_\_\_

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