

ILLINOIS DEPARTMENT OF LABOR

Fair Labor Standards Division
160 N. LaSalle Street -Suite C-1300
Chicago, Illinois 60601-3150

Telephone: 312-793-2800 <http://labor.illinois.gov>

Print Form

INSTRUCTIONS FOR WAGE CLAIM & MINIMUM WAGE COMPLAINT FORM

WAGECLAIM: For unpaid wages, vacation pay, bonus, commissions or if you believe your employer has made illegal deductions from your pay, proceed to complete both the General Information AND Section 1 of this form only. You may submit the form by email to DOL.WAGES@illinois.gov

MINIMUM WAGE/OVERTIME: The minimum wage for hourly and non-exempt workers in the state of Illinois is \$10.00. Overtime is all time worked over 40 hours in a scheduled workweek for hourly and non exempt workers. For minimum wage and/or overtime claims, proceed to complete both General Information AND Section 2 of this form only. You may submit the form by email to DOL.MWOT@illinois.gov

If you are filing a wage claim and a minimum wage/overtime claim, please complete both Sections 1 and 2.

To be able to proceed with your
WAGECLAIM (unpaid wages, vacation pay, bonuses, commissions or illegal deductions)
please follow these steps to complete your application

 ***Please be aware that the complaint must be filed within one (1) year after wages, final compensation or wage supplements were due.***

- Print your answers clearly and complete the form where applicable.
- Sign and date the application.
- Make at least three (3) copies of the claim application and ALL THE ATTACHMENTS. Provide one (1) signed copy of the claim application WITH ALL THE ATTACHMENTS to the Illinois Department of Labor. Please **keep one signed copy for your records and keep at least one signed copy for serving documents to the employer**. Be advised that any document that a party intends to introduce as evidence during an investigation by the Department should be served by the party on the other party. You may use the "Certificate of Service" found at <http://www.illinois.gov/idol/Documents/Certificate%20of%20Service.pdf> at a Department of Labor hearing as (rebuttable) evidence that you had delivered documents to the other party. IDOL will not provide copies of any of your documents (other than the Wage Claim application) to any party.
- Provide the **correct name and address** of your employer. If the employer is a corporation or Limited Liability Corporation (LLC), you can search the Secretary of State website to verify the employer's address at <http://www.ilsos.gov/corporatellc/>. This is a public site for locating companies in Illinois. If you do not have access to Internet you can visit your local public library.
- You must provide an address where both the Department and opposing party (Employer) may serve you documents. It does not need to be your home address, but should be an address to where legal documents may be sent and an address that you will check regularly.
- If you wish to expedite the process, the Department suggests that you provide an email address where documents can be served to you by the Department as well as the opposing party.
- If applicable, provide the name, address and phone number of the attorney or community representative that helped you complete the form.
- You must update the Department in writing immediately if you have a change of address, phone number or email. If the Department recovers money on your behalf we need your current address in order to send you your check.
- **Do not submit any personal information, such as Social Security numbers, driver license numbers and bank or medical information. Redact or block out this information from the documents you submit.**
- If you believe you are owed **wages**:
 - Attach one (1) copy of paychecks, paycheck stubs, W2's, 1099's or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- If you believe you are owed **vacation pay**:
 - **Attach one (1) copy of the vacation policy or an explanation of the vacation policy, plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim. DO NOT SUBMIT ORIGINALS.**

- If you believe you are owed a bonus:
 - Attach one (1) copy of the bonus agreement or an explanation of the policy plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- If you believe you are owed a commission payment:
 - Attach one (1) copy of the commission agreement or an explanation of the policy plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- If you believe your employer has **illegally deducted money** from your pay:
 - Attach one (1) copy of the documentation that shows the deduction (Examples: paycheck stubs or a letter authorizing the deduction) or any other documentation, such as emails or letter, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- **Submit your completed application and documentation to the Illinois Department of Labor in person, by email at DOL.Wages@illinois.gov or by U.S. mail at 160 N. LaSalle Street, Suite C-1300, Chicago, IL 60601-3150.**

To be able to proceed with your MINIMUM WAGE and/or OVERTIME claim please follow these steps to complete your application:

- Print or type your answers.
- Sign and date the application.
- Make at least 2 copies of the application claim and ALL THE ATTACHMENTS. Provide one (1) signed copy of the claim application WITH ALL THE ATTACHMENTS to the Department of Labor. Please **keep one copy for your records.**
- Verify that you are providing the **correct name and address** of your employer. You can search the Secretary of State website to verify the employer's address at <http://www.ilsos.gov/corporatellc/>. This is a public site for locating companies in Illinois. If you do not have access to Internet, you can visit your local public library.
- If applicable, provide the name, address and phone number of the attorney or community representative that helped you complete the form.
- You must update the Illinois Department of Labor in writing immediately if you have a change of address, phone number or email. If the Department recovers money on your behalf we need your current address in order to send you your check.
- Don't submit any personal information, as Social Security or driver license numbers, medical or bank information. Please block out or redact this information from the documents you submit.
- If your claim is exclusively for minimum wage and overtime violations, you may choose to remain anonymous by selecting the option on Section 2 of the application. However, your name will be revealed if you also filed a Wage Claim against the employer, or the employer paid you in cash and/or did not keep time records, or if you are no longer working for the employer named in this complaint.
- **Submit your completed application and documentation to the Illinois Department of Labor in person, by email at DOL.MWOT@illinois.gov or by mail at 160 N. LaSalle Street, Suite C-1300, Chicago IL 60601-3150.**

Additionally:

Your name and address will be revealed to your employer if you are claiming unpaid wages, vacation, bonuses, commissions or illegal deductions.

- Please be aware that if you complete both Section 1 and Section 2 of the application, this will result in two separate complaints filed and reviewed by different sections of the Fair Labor Standards Division. In this case you will need to provide to the Department two complete copies of all the documentation.
- Claims filed under Section 1 will be reviewed by the Wage Claim Section and claims filed under Section 2 will be reviewed by the Compliance Section. Two separate investigators will be assigned to your claims: a Wage Claim Specialist for Section 1 (Wage Claims), and a Compliance Officer for Section 2 (Minimum Wage and Overtime Claims).



Print Form

Office use only
 Claim # _____



COMPLAINT

UNPAID WAGES CLAIMS AND MINIMUM WAGE/OVERTIME CLAIMS

For unpaid wages, vacation pay, bonus, commissions or if you believe your employer has made illegal deductions from your pay, proceed to complete both the General Information **AND** Section 1 of this form only. You can submit the form by email to DOL.WAGES@illinois.gov
 For unpaid minimum wages (\$10.00 in the State of Illinois for hourly and non exempt workers) and unpaid overtime (all time worked over 40 hours in a schedule work week), proceed to complete both General Information **AND** Section 2 of this form only. You can submit the form by email to DOL.MWOT@illinois.gov

GENERAL INFORMATION

CLAIMANT INFORMATION

EMPLOYER INFORMATION

(Last Name) _____ (First Name) _____ (Middle Name) _____

 (Street Address) (This will be released to the Employer)

 (City) _____ (State) _____ (Zipcode) _____ (County) _____
 (Primary phone #) _____ (Secondary phone #) _____
 Email Address:
(very important) _____
 I authorize service of documents by E-mail: Yes No

Business Name _____
 Business Owner(s) name(s) _____
 (Street Address) _____
 (City) _____ (State) _____ (Zipcode) _____ (County) _____
 Business Phone: _____
 Who is responsible for issuing pay? (Personnel/HR Manager) _____
 President's Email Address: _____

- 1) Date of hire: _____ 2) Last day worked: _____ 3) Still working there? Yes No
 4) Did you perform the work in Illinois? Yes No 5) Did you also perform the work in other States? Yes No
 6) Did you sign an employment contract or agreement? Yes No Please attach. Rate of Pay: Hourly Biweekly Other
 7) Were you in a Union? Yes No If "yes", attach a copy of the agreement. Name and Local: _____
 8) Has the company filed for Bankruptcy OR made an Assignment for Benefit for Creditors? Yes No If "yes", attach documentation.
 9) Is the company still open? Yes No 10) Is this a temporary staffing agency? Yes No
 11) If applicable, name of your attorney or representative: _____ Phone: _____ Email: _____
 12) If applicable, name of person who prepared this form? _____ Phone: _____ Email: _____
 12(a) Can we contact this person in relation to your claim? Yes No
 Is this claim for: Regular Time? Overtime? Minimum Wage Violations?

For Translators/Interpreters

13(a). Do you need an interpreter? Yes No 13(b). If you checked "Yes" to Box 13(a), enter the language needed: _____

SECTION 1 - WAGE CLAIM APPLICATION (DOL.WAGES@ILLINOIS.GOV)

I. UNPAID WAGES

A. How many hours did you work and not get paid? _____ Amount Claimed? _____
 B. How much were you paid? Hourly: _____ Bi-weekly: _____ Other: _____
 C. Dates for which you were not paid? From: _____ To: _____
 D. What type of work did you perform? _____

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Employment Contract/Agreement Paycheck Paystub W2 Form 1099 Form Emails Letters Other (Specify)

II. VACATIONPAY

- A. How much are you owed? _____
- B. Are you still employed by this employer? Yes No
- C. What is the vacation policy? *Attach a copy of the vacation policy.*

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Vacation Policy Paycheck Paystub W2Form
- 1099 Form Employment Contract Agreement
- Emails Letters Other (Specify)

IV. COMMISSION

- A. How much are you owed? _____
- B. For what period of time? From: _____ To: _____
- C. Are you still employed by this employer? Yes No
- D. Explain why you are owed a commission. Attach the commission policy.

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Commission Agreement/Policy Paycheck Paystub
- W2Form 1099Form Employment Contract/Agreement
- Emails Letters Other (Specify)

VI. OTHER

Explain what you are owed and why? Attach additional sheets if necessary.

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Paycheck Paystub W2Form 1099Form Employment Contract/Agreement Emails Letters Other (Specify)

TOTAL AMOUNT CLAIMED UNDER SECTION 1 (Do not include Total Amount Claimed from Section 2): _____

III. BONUS

- A. How much are you owed? _____
- B. Are you still employed by this employer? Yes No
- C. Explain why you believe you are owed a bonus. What was the policy or agreement? Attach a copy of the policy.

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Bonus Agreement/Policy Paycheck Paystub
- W2Form 1099Form Employment Contract/Agreement
- Emails Letters Other (Specify)

V. ILLEGAL DEDUCTIONS

- A. How much was deducted? _____
- B. When did the deduction occur? _____
- C. Did you agree to this deduction in writing? Yes No
- D. Explain how much was deducted and why. Attach copies of evidence.

I am attaching the following supporting documentation: **(DO NOT SEND ORIGINALS)**

- Paycheck Paystub
- W2Form 1099Form Employment Contract/Agreement
- Emails Letters Other (Specify)

SECTION 2 - MINIMUM WAGE AND/OR OVERTIME CLAIM APPLICATION (DOL.MWOT@ILLINOIS.GOV)

Attach copies of supporting documentation such as paystubs, W2's, 1099's. DO NOT SEND ORIGINALS.

Date of Birth: _____ Dates for which you were not Paid: From: To:

How were you paid? Salary Hourly Other _____

Check if you received:
 Meals Lodging Tips Other _____

Total Number of Employees: _____

Dates of Employment: From: _____ To: _____
Actual Hours Worked Per Week _____ **Wages per hour** _____ **Tips per hour** _____

ONLY For Minimum Wage and Overtime claims: (Does not apply to claims for unpaid wages, deductions, vacation, bonus, commissions.)

I do not want my name revealed to the employer.
(This option does not apply if you are no longer working for the employer named in this complaint.)

Overtime Claims:

Your Title: _____
Were you a professional employee? Yes No Did your position require a college degree? Yes No
Were you a manager? Yes No Did you supervise anyone? Yes No

List your primary duties:

Additional Comments: _____ **TOTAL AMOUNT CLAIMED UNDER SECTION 2:** _____

I HEREBY CERTIFY that the application, including attachments, is true and accurate to the best of my knowledge and belief.
I UNDERSTAND that acceptance of this claim by the Illinois Department of Labor does not guarantee collection.
I AUTHORIZE the Department of Labor to receive any monies and to mail such monies to me at my address on file with the Illinois Department of Labor.

Date: _____ Claimant's Signature: _____

Add Continuation Sheet