

BEFORE FILING A WAGE CLAIM,  
PLEASE READ THESE INSTRUCTIONS CAREFULLY!

**Do Not Fill Out The Wage Complaint Form If:**

- You acted as an "independent contractor" and not as an "employee" of the business.
- You are self-employed or an owner/operator.
- You have filed suit against your employer for the same wage or fringe benefit claim.
- You already have a civil court judgment involving this claim.
- You are trying to obtain a W-2 or 1099. If so, you should contact the Internal Revenue Service at 1-800-829-1040.
- Your employer has filed bankruptcy or has been determined bankrupt. If so, you will need to contact the Bankruptcy Court for further instructions.
- You do not know your employer's address or location.
- You intend to file against more than one business. Use a separate wage claim form for each business against whom you wish to file a claim. Also, each claimant intending to file against an employer must use a separate claim form.
- The statute of limitations for your claim has expired. A 3-year statute of limitations applies when a claim is for unpaid minimum wages, unpaid overtime compensation, and/or equal pay. A 1-year statute of limitations applies when the claim includes wages, commissions, illegal deductions, and/or fringe benefits such as vacation pay, holiday pay, sick pay, bonus, or reimbursable business expenses earned according to a written contract or written policy. A claim alleging discharge or retaliation for filing a wage or fringe benefit complaint must be filed within 30 days of the discharge or retaliatory action.

**FILING A WAGE CLAIM**

**IF CLAIM FORM IS NOT COMPLETED AS INDICATED IN THESE INSTRUCTIONS IT MAY BE RETURNED TO YOU.**

Read all questions on the claim form carefully before answering. Fill out the claim form completely, legibly and accurately, providing as much of the requested information as possible. In order for your claim to be processed the following information must be provided:

- Your name and complete street address
- Provide a telephone number where you may be reached during the day. If your address or ***telephone number changes, it is your responsibility to notify the Department immediately or your claim may be closed.***
- Provide the name of the business or person that employed you, the correct address, and telephone number. Your claim will be returned if a complete address is not provided.
- List a dollar amount due for each type of unpaid wage and/or fringe benefit claimed and explain how the amount was determined. Your claim will be returned if an amount is not provided.
- Provide the time period during which the amount claimed was earned and should have been paid.
- Sign and date the Wage Complaint Form.
- Attach copies of any documents that you have which support your claim such as an employment contract, time records, check stubs and fringe benefit policies, etc.

A wage claim may be filed in person from 8 a.m. to 5 p.m., Monday through Friday, or by mailing to:

**Department of Labor & Economic Growth  
Wage & Hour Division  
6546 Mercantile Way, Suite 5, PO Box 30476  
Lansing, Michigan 48909-7976**

**When your claim form is received by the Wage & Hour Division the following steps are taken:**

1. The claim form is given to an investigator to review. The investigator determines if all of the required information is on the claim form and whether investigation of the claim is within the division's authority.
2. The claim is then opened and a notification letter sent by the division to the employer requesting a written response. The letter requests documentation regarding the claim that has been filed and/or a check for any portion of the claim not disputed. Any monies received will be forwarded to you. You do not need to contact the Wage & Hour Division to receive payment.
3. It is important that you notify the Wage & Hour Division of any payment received directly from the employer.
4. It is important that you notify the Wage & Hour Division of any change in your address or daytime phone number. Failure to report this information will delay the investigation of your complaint. In addition, the division cannot mail any monies received without a current address.
5. All investigators work on a first-in, first-out basis. This means that you will not be contacted by the investigator assigned to your claim until the claim comes up in rotation on his/her caseload. This may take a while. The time required to complete an investigation depends on your cooperation, your employer's cooperation, and the complexity of the claim. In the interim, you should obtain whatever records or documentation that you have to support your claim and have it available when you are contacted by the investigator.

***By filing this claim with the Wage & Hour Division, you are electing a remedy which may prevent you from pursuing this claim elsewhere, including civil court.***

<b>Employment Wage Complaint</b> Michigan Department of Labor & Economic Growth Wage & Hour Division 6546 Mercantile Way, Suite 5, P.O. Box 30476 Lansing, MI 48909-7976 Telephone: 517.335.0400 Facsimile: 517.335.0077 Website: www.michigan.gov/wagehour	<b>IMPORTANT: By filing this claim with the Wage &amp; Hour Division, you are electing a remedy which may prevent you from pursuing this claim elsewhere, including civil court.</b>
	The Department of Labor & Economic Growth will not discriminate against any individual based on religion, race, color, national origin, sex, disability, age, marital status, height, weight, arrest record, genetic information and familial status. Persons with disabilities needing accommodations under the Americans with Disabilities Act may make your needs known to this agency.
	AUTHORITY: ACT 390, PUBLIC ACTS OF 1978, AS AMENDED ACT 154, PUBLIC ACTS OF 1964, AS AMENDED COMPLETION: VOLUNTARY PENALTY: NONE

<b>EMPLOYEE INFORMATION</b> <i>Please print your name below. Please sign your name in the signature block on the back of this form.</i>		
LAST NAME, FIRST NAME, MIDDLE INITIAL ( ) Mr. ( ) Ms.		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:
ADDRESS (STREET NUMBER AND NAME):		BIRTH DATE:
CITY, STATE, ZIP:		COUNTY:
EMAIL ADDRESS:	HOME TELEPHONE NUMBER: ( )	TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 8 AM AND 5 PM, MONDAY THROUGH FRIDAY: ( )
ADDRESS WHERE YOU WORKED: STREET NAME AND NUMBER:		
CITY, STATE, ZIP:		COUNTY:

<b>EMPLOYER INFORMATION</b>			
BUSINESS NAME:		EMAIL OR WEBSITE ADDRESS (IF KNOWN):	
BUSINESS ADDRESS (STREET NUMBER AND NAME):		TELEPHONE NUMBER: ( )	
CITY, STATE, ZIP:		COUNTY:	
<b>IF THE ADDRESS SHOWN ABOVE IS NOT CURRENT FOR THE EMPLOYER, WHERE CAN THE EMPLOYER BE CONTACTED?</b>		PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS: What type of work did you do?	
NUMBER OF EMPLOYEES:		YES	NO
Have you asked the employer for your wages and/or your fringe benefits?			
Were you in a union or covered by a union contract? If yes, submit a copy.			
Did your employer regulate your hours?			
Did your employer tell you how to perform your work?			
Did your employer make deductions for taxes?			
Did you receive a W-2 Statement? If yes, submit a copy.			
Did you receive an IRS FORM 1099? If yes, submit a copy.			

<b>FOR OFFICE USE ONLY</b>	CLAIM NUMBER:	ACTION:	REVIEWER:	DATE:
AMOUNT, NATURE AND DATES OF CLAIM:		CC:		

**CLAIM WILL BE RETURNED IF AN AMOUNT AND PERIOD CLAIMED IS NOT PROVIDED.**

Nature of Claim	Amount Claimed	Period Claimed			Calculate Amount Claimed i.e. \$8.00 per hour x 10 hours = \$80 (Attach additional sheets if necessary)
		Month/Day/Year	to	Month/Day/Year	
Pay Stubs not issued	NA				
Hourly Wages	\$				
Salary	\$				
Commissions	\$				
Deductions	\$				
Minimum Wage/Overtime	\$				
Vacation	\$				
Expenses	\$				
Sick	\$				
Holiday	\$				
Paid Time Off	\$				
Bonus	\$				
Debit Card/Direct Deposit	\$				
Piece Rate	\$				
<b>Total Amount Claimed</b>	<b>\$</b>				

Provide any additional information you may have on an attached sheet of paper. Attach copies of any document which supports your claim such as; an employment contract, wage agreement, commission statements, invoices, time records, list of hours worked, check stubs, written fringe benefit (vacation pay, sick pay, holiday pay, paid time off, bonus, expense reimbursement) policy or contract.

Start date of employment (Month/Day/Year):		Last date worked (Month/Day/Year):			
Employment Status: <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> STILL EMPLOYED					
If discharged, state reason given by employer?					
<b>RATE OF PAY</b>	HOURLY \$	SALARY \$	COMMISSIONS \$	OTHER \$	
<b>If salaried, how many days did you work each week or pay period?</b>					
How often were you paid? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY					
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS</b>					
				YES	NO
Does the business make more than \$500,000/year or transport goods outside of Michigan?					
Are you filing this claim because the employer did not pay minimum wage and/or time & one-half for hours worked over 40/week?					
What is the employer's reason for not paying what you are claiming?					

<b>CERTIFICATION:</b> I certify that to the best of my knowledge and belief, this is a true statement of wages or fringe benefits due me. I will inform the department if any of the following occur; change of name, address, and/or telephone number for myself and/or employer, direct payment and/or settlement of claim. <b>Filing this complaint does not guarantee payment, or a finding in your favor.</b>	
<b>SIGNATURE OF CLAIMANT:</b>	<b>DATE:</b>