DISCRIMINATION COMPLAINT

Michigan Department of Labor and Economic Opportunity

Wage and Hour Division

Mailing Address:
P.O. Box 30476
Lansing, MI 48909-7976
Toll Free: 1.855.464.9243
Facsimile: 517.763.0110
Website: www.michigan.gov/wagehour

Street Address:
530 W. Allegan
Lansing, MI 48933

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

L**EO** is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities for the purpose of accessibility under state and federal law. Please call 1.855.464.9243 to make your needs known to this agency.

AUTHORITY: ACT 390, PUBLIC ACTS OF 1978, AS AMENDED
ACT 138, PUBLIC ACTS OF 2014, AS AMENDED
ACT 337, PUBLIC ACTS OF 2018, AS AMENDED
COMPLETION: VOLUNTARY
PENALTY: NONE

An employee who believes he or she was discharged, demoted, received a reduced amount of pay, or suffered other forms of discrimination because he or she engaged in an activity protected by **1978 PA 390, 2014 PA 138 or 2018 PA 337** may file a written, signed complaint with the department within 30 days of the alleged discriminatory action.

IMPORTANT OUR OFFICE MUST BE ADVISED OF:

1. ANY CHANGE OF NAME, ADDRESS, OR TELEPHONE NUMBER - YOUR'S OR THE EMPLOYER'S.
2. ANY PAYMENT MADE DIRECTLY TO YOU BY THE EMPLOYER/WITHDRAWAL OR SETTLEMENT OF YOUR CLAIM.

EMPLOYEE INFORMATION

Please print your name below. Please sign your name in the signature block on this form.

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:

EMPLOYER INFORMATION

BUSINESS NAME:	EMAIL OR WEBSITE ADDRESS (IF KNOWN):
BUSINESS ADDRESS (STREET NUMBER AND NAME):	TELEPHONE NUMBER: ( )
CITY, STATE, ZIP:	COUNTY:
IF THE ADDRESS SHOWN ABOVE IS NOT CURRENT FOR THE EMPLOYER, WHERE CAN THE EMPLOYER BE CONTACTED?	PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS:
	NUMBER OF EMPLOYEES:

RATE OF PAY:	HOURLY $	SALARY $	COMMISSIONS $	PIECE RATE $	OTHER $

HOW OFTEN WERE YOU PAID? (Check one) ☐ WEEKLY ☐ BI-WEEKLY ☐SEMI-MONTHLY ☐ MONTHLY

WHAT TYPE OF WORK DID YOU DO?

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

DATE(S) DISCRIMINATORY ACT OCCURRED:			
STARTING DATE OF EMPLOYMENT:		LAST DATE WORKED:	
EMPLOYMENT STATUS:	☐ QUIT	☐ DISCHARGED	☐ STILL EMPLOYED
IF DISCHARGED, STATE REASON GIVEN BY THE EMPLOYER:			

WHAT WAS THE ACTION TAKEN BY THE EMPLOYER THAT YOU BELIEVED TO BE DISCRIMINATORY?

WHAT WAS THE REASON GIVEN BY THE EMPLOYER TO EXPLAIN THE ACTION TAKEN?

IDENTIFY ANY WITNESS(ES) TO THE ACTION THAT YOU BELIEVE TO BE DISCRIMINATORY
NAME(S), ADDRESSES(ES) AND TELEPHONE NUMBERS:

HAVE YOU PREVIOUSLY FILED A COMPLAINT AGAINST THIS EMPLOYER, ALLEGING A VIOLATION OF ACT 390?
___ YES ___ NO (IF YES, WHEN) _____

HAVE YOU TESTIFIED IN AN INVESTIGATORY INTERVIEW OR HEARING HELD BY A REPRESENTATIVE OF THE DEPARTMENT IN A MATTER REGARDING THIS EMPLOYER? ____ YES ____ NO (IF YES, WHEN?) _____

DOES YOUR EMPLOYER UTILIZE A PAY SYSTEM WHICH USES:

SENIORITY
MERIT
QUALITY
QUANTITY
A FACTOR OTHER THAN SEX

PLEASE PROVIDE ANY FURTHER STATEMENTS YOU MAY HAVE BELOW OR ON AN ATTACHED SHEET.

I UNDERSTAND THAT THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS DOES NOT ASSUME MY CLAIM IS VALID SIMPLY BECAUSE THE CLAIM IS ACCEPTED FOR INVESTIGATION. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS IS A TRUE STATEMENT.	
SIGNATURE OF CLAIMANT:	**DATE:**