OFFICE USE ONLY

STATE OF NEVADA
Department of Business & Industry
OFFICE OF THE LABOR COMMISSIONER

555 EAST WASHINGTON AVENUE, # 4100
LAS VEGAS, NEVADA 89101
(702) 486-2650

675 FAIRVIEW DRIVE, SUITE 226
CARSON CITY, NV 89701
(775) 687-4850

OFFICE USE ONLY

COMPLAINT-CLAIM FOR WAGES

EMPLOYEE INFORMATION

1. Name (Print) _____
First M.I. Last

2. Social Security # _____ Date of Birth _____

3. Address _____
Number Street Apt. #

City State Zip

4. Home phone ( ) _____

Other phone ( ) _____

5. Can you afford an attorney? ☐ Yes ☐ No

6. Will you provide a financial statement if requested? ☐ Yes ☐ No

7. Do you agree to be present at any pre-hearing conferences or administrative hearings scheduled, if necessary, to present information related to your wage claim? ☐ Yes ☐ No

EMPLOYER INFORMATION

8. Business name _____

9. Name of Owner/ President _____

10. Business address _____
Number Street Suite No.

City State Zip

11. Mailing address (if different) _____
Number/PO Box Street Suite No.

City State Zip

12. Telephone ( ) _____

Fax ( ) _____

13. Telephone for Payroll records ( ) _____

Fax ( ) _____

14. Type of business _____

JOB INFORMATION

15. County where you worked: _____ 16. Type of work performed: _____ Base Rate of Pay Received: _____

17. Date of Hire: _____ Last day worked: _____ Reason for leaving: ☐ Discharged/laid off ☐ Quit ☐ Still employed

18. Is/was there a wage agreement ☐ Yes ☐ No ☐ Oral Agreement ☐ Written Agreement ☐ If written agreement, please attach a copy.

Basis of pay ☐ Piece work ☐ Salary ☐ Hourly ☐ Commissions

Method of payment ☐ Check ☐ Cash

If paid in cash, did you sign a receipt for payment? ☐ Yes ☐ No

WAGES CLAIMED

19. Reason(s) for wage claim:

☐ Non payment of regular wages
☐ Non payment of overtime
☐ Non payment of commissions
☐ Non payment of prevailing wage (complete supplemental form)
☐ Bad check(s)
☐ Unauthorized deductions
☐ Other_____

20. Evidence submitted to support wage claim:

☐ Pay stubs
☐ Time records
☐ Agreement/contract
☐ Tax records (i.e. FORM W-2)
☐ Company documents
☐ Witnesses_____
☐ Other_____

21. Name of person to whom demand for wages was made: _____ Date _____ ☐ Oral ☐ Written demand

22. Dates worked and unpaid: From: _____ To _____ (Show dates and hours worked on reverse side of this form)

23. Total unpaid hours/units _____ Pay rate _____ Amount..... $ _____

24. Total unpaid commissions/or piecework..... $ _____

25. Total unauthorized deduction(s)..... $ _____

26. Total bad check(s) and return item bank fees (Attach original check and bank statement showing fees)..... $ _____

27. Less amounts received (cash advance, room, board, etc)..... $ < _____ >

28. **Total amount claimed**..... $ _____

COMPLAINT-CLAIM FOR WAGES (CONTINUED)

NUMBER OF HOURS WORKED BY DATE FOR WAGES CLAIMED
(Do not use this chart for prevailing wage claims – use supplemental construction form)

Work Week 1		Work Week 2		Work Week 3		Work Week 4	
Date Worked	Hours Worked	Date Worked	Hours Worked	Date Worked	Hours Worked	Date Worked	Hours Worked
Total_____		Total_____		Total _____		Total _____	

Total Hours for all Columns_____
(Transfer this total to Line 23 on the front page of this Wage Claim Form)

Briefly state the reason for filing a wage claim and why the employer has refused to pay:

PLEASE NOTE: IT IS THE CLAIMANT'S RESPONSIBILITY TO NOTIFY THIS OFFICE OF ANY CHANGES IN ADDRESS THAT OCCURS AFTER THE FILING OF THE WAGE CLAIM.

ASSIGNMENT

I hereby certify that this is a true statement of wages due to me under the Labor and Industrial Relations Laws of Nevada, to the best of my knowledge and belief.

I hereby assign all claims and all penalties accruing because of their nonpayment, and all liens or actions securing them, to the Labor Commissioner of the State of Nevada to collect in accordance with the applicable laws and regulations of this state.

I authorize the Labor Commissioner and his deputies to receive any checks, money orders, or cash obtained as payment of this claim. I hereby authorize the mailing of such monies at my own risk or retention thereof until I claim such.

I hereby authorize the Labor Commissioner to approve a proposed settlement of this claim unless I object in writing to such proposal within 10 days after notification is mailed to me to the address given by me to the Labor Commissioner. If I do not request return of any papers submitted by me in connection with this claim, I hereby authorize the Labor Commissioner to destroy them after two years from the date of this claim.

I hereby assign all rights and privileges applicable to me under the Labor and Industrial Relations Laws of Nevada to the Labor Commissioner and request of him to act for me in all matters arising thereunder in the manner the Commissioner or his representative choose.

I hereby authorize the Labor Commissioner to hold monies due me until funds have cleared for payment.

Date _____ Signed _____

Employer Name_____ Employee Name_____