

STATE OF NEVADA
 Department of Business & Industry
OFFICE OF THE LABOR COMMISSIONER
 555 EAST WASHINGTON AVENUE, # 4100 675 FAIRVIEW DRIVE, # 226
 LAS VEGAS, NEVADA 89101 CARSON CITY, NV 89701
 (702) 486-2650 (775) 687-4850

COMPLAINT-CLAIM FOR WAGES

EMPLOYEE INFORMATION	EMPLOYER INFORMATION
1. Name (Print) <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> First M.I. Last </div>	8. Business name <div style="border-bottom: 1px solid black; height: 20px;"></div>
2. Social Security No. DOB	9. Name of Owner/ President <div style="border-bottom: 1px solid black; height: 20px;"></div>
3. Address <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Number Street Apt. # </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip </div>	10. Business address <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Number Street Suite No. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip </div>
4. Home phone () Other phone ()	11. Mailing address (if different) <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Number/PO Box Street Suite No. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip </div>
5. Can you afford an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Telephone () Fax ()
6. Will you provide a financial statement if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Telephone for Payroll records () Fax ()
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Type of business <div style="border-bottom: 1px solid black; height: 20px;"></div>

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: <input type="checkbox"/> Discharged/laid off <input type="checkbox"/> Quit <input type="checkbox"/> Still employed
18. Is/was there a wage agreement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Oral Agreement <input type="checkbox"/> Written Agreement <input type="checkbox"/> If written agreement, please attach a copy.		
Basis of pay <input type="checkbox"/> Piece work <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commissions	Method of payment <input type="checkbox"/> Check <input type="checkbox"/> Cash	If paid in cash, did you sign a receipt for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No

WAGES CLAIMED

19. Reason(s) for wage claim: <input type="checkbox"/> Non payment of regular wages <input type="checkbox"/> Bad check(s) <input type="checkbox"/> Non payment of overtime <input type="checkbox"/> Unauthorized deductions <input type="checkbox"/> Non payment of commissions <input type="checkbox"/> Other _____ <input type="checkbox"/> Non payment of prevailing wage (complete supplemental form)	20. Evidence submitted to support wage claim: <input type="checkbox"/> Pay stubs <input type="checkbox"/> Company documents <input type="checkbox"/> Time records <input type="checkbox"/> Witnesses _____ <input type="checkbox"/> Agreement/contract <input type="checkbox"/> Tax records (i.e. FORM W-2) <input type="checkbox"/> Other _____
21. Name of person to whom demand for wages was made: _____ Date _____ <input type="checkbox"/> Oral <input type="checkbox"/> Written demand	
22. Time period wages are claimed 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.....	\$ _____
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	\$ _____

