



WORKER COMPLAINT FORM

This form is provided for your use to file a complaint with this office regarding your work on a project funded by the NYC/Department of Housing Preservation & Development. Please use one form for each project. Once you have signed, dated, and submitted this form, it will be evaluated and, if appropriate for investigation, assigned to an investigator. You may be contacted to provide additional information. You may submit this form in person, email or by postal mail:

HPD/Labor Monitoring Unit
100 Gold Street, 4-P
New York, New York 10038
Email: HPDLMU@HPD.NYC.GOV

SECTION 1: CLAIMANT INFORMATION

Your Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (_____) _____ Email Address: _____
If Interpreter is needed, indicate Language: _____

SECTION 2 – EMPLOYER INFORMATION

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Business Telephone: (_____) _____
Owner’s Name (if known) _____
Supervisor’s Name: _____
Are You Still Employed By This Employer? Yes No Language Spoken by Employees _____

SECTION 3 – PROJECT INFORMATION

Site Address(es):

General Contractor (if Known): _____

SECTION 4: WORK HOURS AND WAGES

First Date on Site: _____ Last Date on Site: _____

Days at Work:

Monday – Friday?: Yes No Saturday?: Yes No Sunday?: Yes No

Regular Hours of Work:

Start Time: _____ am pm End Time: _____ am pm Length of time for Lunch: _____ minutes

Weekend Hours of Work:

Start Time: _____ am pm End Time: _____ am pm What Days?: _____

If you worked different schedules on different days, please describe below:

What Was Your Job Title?: _____

Were You an Apprentice? Yes No Trainee?: Yes No

Describe Your Job: _____

Who Paid Employees: _____

On What Day Did You Get Paid? _____ Did you receive pay stubs? Yes No

How Often Did You Get Paid?

Daily? Yes No Weekly? Yes No BiWeekly? Yes No Monthly? Yes No

Were You Paid By The Hour? Yes No If Yes, How Much? \$ _____

Were You Paid by the Day? Yes No If Yes, How Much? \$ _____

Were You Paid by the Week? Yes No If Yes, How Much? \$ _____

Were You Paid by a Piece Rate? Yes No
If Yes, How Much per Piece/How Many Pieces Daily?: \$ _____ / _____

How Were You Paid? Check?: Cash?: Both Check and Cash?:

Were You Required to Sign in Each Day? Yes No Were You Required to Sign Out Each Day? Yes No

SECTION 5 – COMPLAINT BASIS

Please place check mark for description of your complaint:

<input type="checkbox"/>	Paid less than the minimum wage	<input type="checkbox"/>	Daily time records are not kept by employer
<input type="checkbox"/>	Paid less than the prevailing wage	<input type="checkbox"/>	Work conditions are not safe
<input type="checkbox"/>	Not paid for overtime hours of work	<input type="checkbox"/>	Asked to pay back wages to employer/supervisor
<input type="checkbox"/>	Not paid for the job I do (misclassified)	<input type="checkbox"/>	Asked to cash check and return cash to employer/supervisor
<input type="checkbox"/>	Not paid for all hours worked	<input type="checkbox"/>	Asked to not cash check until later
<input type="checkbox"/>	Paid by check or cash but without itemized statement	<input type="checkbox"/>	No 30 minute lunch period by end of 5 th hour of work
<input type="checkbox"/>	Not paid at all	<input type="checkbox"/>	Not paid for break times
<input type="checkbox"/>	Money taken out of paycheck (not for taxes)	<input type="checkbox"/>	Other

Please describe your complaint in greater detail here:

How many other employees were affected by the violation described above: _____

The information I have provided is true and accurate, to the best of my knowledge.

(Signature)

(Date)

Please be prepared to provide evidence to substantiate your claim, such as checks, pay stubs, personal log of days/hours worked or pay envelopes.