



# Wage and Hour Division

Roman L.G. Quinata, Administrator

Shirley "Sam" Mabini, Ph.D., Commissioner

## EMPLOYEE'S CONFIDENTIAL COMPLAINT STATEMENT

### EMPLOYER'S INFORMATION:

Name of Employer: \_\_\_\_\_  
 Name of Owner/Supervisor: \_\_\_\_\_  
 Contact Nos. (Home/Work/Fax/Cell/Pager): \_\_\_\_\_  
 Home Address (Draw map on reverse side): \_\_\_\_\_  
 Office Address (Draw map on reverse side): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

### COMPLAINANT'S INFORMATION:

Name (Print): \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Contact Nos. (Home/Work/Fax/Cell/Pager): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

FOR STATISTICAL PURPOSES ONLY:		ETHNICITY	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Asian Pacific Islander
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Yapese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Pohnepian
<input type="checkbox"/> Kosraean	<input type="checkbox"/> Marshallees	<input type="checkbox"/> OTHER (Specify):	_____

**FOR STATISTICAL PURPOSES: CITIZENSHIP**       U.S.       P.R.A.       Resident  
 Other (Specify): \_\_\_\_\_

**Employment Status:**       Local Hire       Contractual       Non-Immigrant  
**Current Status:**       Still employed       Resigned       Terminated/Fired

**If terminate/fired/resigned, indicate last day worked:** \_\_\_\_\_

**Position Title/Occupation:** \_\_\_\_\_

**How many minutes is your meal/lunch period?** \_\_\_\_\_ **minutes**

**How are you paid/compensated:**       Hourly @ \_\_\_\_\_       Salary @ \_\_\_\_\_  
 Semi-Monthly @ \_\_\_\_\_       Bi-Weekly @ \_\_\_\_\_       Monthly @ \_\_\_\_\_  
 Commission @ \_\_\_\_\_       Other (Specify): \_\_\_\_\_

**Date of Employment:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Pay Period Structure:**     Weekly     Bi-Weekly     Semi-Monthly     Monthly

**Daily Work Schedule:** BEGIN: \_\_\_\_\_ a.m./p.m. END: \_\_\_\_\_ a.m./p.m.

**Regular Day(s) Off During the Workweek:** \_\_\_\_\_

**Type of Payment/Compensation:**     Check     Cash     Other (Specify): \_\_\_\_\_

**Date of Last Payment/Compensation:** \_\_\_\_\_

**Are you paid/compensated with seven (7) days after the pay period ending:**     YES     NO

**Are you paid the overtime rate at 1.5 times your regular rate for hours worked in excess of forty (40) hours per workweek?**     YES     NO

**Are there any deductions made from your wages (excluding taxes, social security, and any deductions you have authorized in writing)?**

YES     NO

**If yes, specify type and reason for deduction:** \_\_\_\_\_

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***The above statements are true and correct to the best of my knowledge.***

I hereby  **authorize**     **do not authorize** for the release of my name, during the course of an investigation.

\_\_\_\_\_  
**SIGNATURE/DATE**

\_\_\_\_\_  
**PRINT NAME**

***Witnessed by:***

\_\_\_\_\_  
**Wage & Hour Official / Date Signed**

FOR OFFICE USE ONLY	
<input type="checkbox"/> Minimum Wage	<input type="checkbox"/> Overtime
<input type="checkbox"/> Prevailing Wage	<input type="checkbox"/> Recordkeeping
<input type="checkbox"/> Illegal Deductions	
<input type="checkbox"/> Other (SPECIFY): _____	
<b>CASE ASSIGNED TO:</b> _____	<b>CASE NUMBER:</b> _____
_____ <b>WAGE &amp; HOUR ADMINISTRATOR'S SIGNATURE / DATE</b>	



# **ASSIGNMENT OF CLAIM**

**KNOW ALL MEN BY THESE PRESENTS:**

That, I, \_\_\_\_\_, do hereby assign and  
PRINT NAME

transfer in trust to *Shirley "Sam" Mabini, Ph.D.*, Wage and Hour Commissioner for the Territory of Guam, and his successors in office all of my claim for wages, overtime compensation penalties and liquidated damages now owing to me by virtue of the provisions of Title 22, Guam Code Annotated, and Public Law 21-140, together with legal interest, costs, and attorney's fees.

I do hereby make, constitute, and appoint, said Commissioner, my attorney-in-fact, in his own name as such Commissioner to demand, receive, give receipt for, file and foreclose mechanic's liens, sue in law and in equity, compromise in whole and in part, and collect the same by any lawful means.

I declare under the penalty of perjury under the laws of Guam that,

I am \_\_\_\_\_, and this document  
PRINT NAME  
bears my signature.

*Dated this* \_\_\_\_\_ *day of* \_\_\_\_\_, 2017

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Social Security No.

**Mailing Address:** \_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_

**Number of Hours Claimed:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Period of Claim: FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**Employer/Business Name:** \_\_\_\_\_