



Wage and Hour Division

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: _____

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): _____	
CASE ASSIGNED TO: _____	CASE NUMBER: _____
_____ WAGE & HOUR ADMINISTRATOR'S SIGNATURE / DATE	

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* _____, _____

SIGNATURE

Social Security No.

Mailing Address: _____

Contact Number(s): _____

Number of Hours Claimed: _____ **Rate of Pay:** _____

Period of Claim: FROM: _____ **TO:** _____

Employer/Business Name: _____