Wage and Hour Division

Roman L.G. Quinata, Administrator Manuel Q. Cruz, Acting 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**

☐ Caucasian	☐ Chamorro	☐ Chinese	☐ Filipino
☐ African American	☐ Korean	☐ Japanese	☐ Asian Pacific Islander
☐ Chuukese	☐ Yapese	☐ Palauan	☐ Pohnepian
☐ Kosraean	☐ Marshallees	☐ **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 @ _____ ☐ Montly @ _____

☐ 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

☐ Minimum Wage ☐ Overtime ☐ Prevailing Wage ☐ Recordkeeping ☐ Illegal Deductions

☐ **Other (SPECIFY):** _____

_____

CASE ASSIGNED TO: _____ **CASE NUMBER:** _____

_____

WAGE & HOUR ADMINISTRATOR'S SIGNATURE / DATE

PERSONAL INTERVIEW STATEMENT

INSTRUCTIONS: Briefly indicate on your statement the total hours you were not paid for, the specific pay period, and any additional information that is pertinent to any alleged violation(s) of the **Fair Labor Standards Act, Title 22, Guam Code Annotated**. Additionally, attach, if any, supporting documents such as; ***personally recorded timesheets, copies of check stubs, journals of daily hours worked, contracts, etc*** .

The above statements are true and correct to the best of my knowledge. As it may deem necessary, I hereby authorize for any and/or all information provided herein to be used in the course of an investigation.

SIGNATURE / DATE **PRINT NAME**

ASSIGNMENT OF CLAIM

KNOW ALL MEN BY THESE PRESENTS:

That, I, _____, do hereby assign and
PRINT NAME

transfer in trust to *Manuel Q. Cruz, Acting* 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 _____, 2013

_____
SIGNATURE

_____
Social Security No.

Mailing Address: _____

Contact Number(s): _____

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

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