



Guam Department of Labor
 Wage and Hour Division
 414 West Soledad Avenue
 GCIC Building, Suite 402
 Hagåtña, GU 96910

EMPLOYEE'S CONFIDENTIAL COMPLAINT FORM

DIRECTIONS: Read and complete the form thoroughly and completely, to the best of your knowledge. All information requested **must be completed by the complainant**. Due to COVID-19 safety precautions, completed complaint forms should be sent to GDOL's Wage and Hour office via email at wage.questions@dol.guam.gov. Original copies may also be dropped off at the Wage and Hour's office, by appointment only.

CLAIMANT INFORMATION			
Name: <i>(Print Last Name, First Name, M.I.)</i>		Social Security Number:	DOB: <i>(MM/DD/YYYY)</i>
Home Address: <i>(House/Apartment #, Street Name, Building)</i>		Village:	State:
Mailing Address: <i>(P.O. Box/House/Apartment #, Street Name, Building)</i>		Village:	State:
Contact Number:	Alternate Contact Number:	Email Address:	
Citizenship: <i>(For statistical purposes only)</i>			
<input type="checkbox"/> United States	<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Work Authorized Alien	<input type="checkbox"/> Other:

EMPLOYER INFORMATION			
Business/Company/Organization Name:		Owner/President:	
Contact Number(s): <i>(List all possible contact numbers)</i>		Email Address:	
Physical Address: <i>(Location of business)</i>		Village:	State:
Mailing Address: <i>(P.O. Box/House/Apartment #, Street Name, Building)</i>		Village:	State:
Map to Worksite: <i>(For investigative purposes. Attach another sheet if necessary.)</i>			

ADDITIONAL INFORMATION

Explain in detail as to why you are filing this complaint form and show how you calculated the specific amount(s) you are claiming. Indicate 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. Attach additional sheets as necessary. Please also provide copies of any records you have that will help the Division understand your complaint (i.e. time records, company policies, pay stubs, contracts, etc.). Should you need more space, please attach another sheet of paper or write on the reverse side of this page.

BEFORE SUBMITTING THIS WAGE COMPLAINT:

I hereby certify that the information provided on this form is true to the best of my knowledge, and authorize the Wage and Hour division to investigate and assist in this matter. Yes No

- By signing this "Employee's Confidential Complaint Statement," you agree to the following:
- I understand that the Wage and Hour division does not guarantee a resolution to this dispute, and that I may have to pursue this matter further in court, with an attorney, with another agency, or through other methods.
 - I understand that any information supplied to the Wage and Hour division may be provided to the employer, the agent of the employer involved in this dispute, and other agencies or individuals as the Wage and Hour division deems appropriate.
 - I authorize the Wage and Hour division for the release of my name, during the course of an investigation.

Employee's/Complainant's Full Name _____		Witnessed and Certified By:	
Employee's/Complainant's Signature _____		Wage and Hour Official's Full Name _____	
Today's Date _____		Wage and Hour Official's Signature _____	Today's Date _____

FOR WAGE AND HOUR OFFICIAL USE ONLY

Electronic Filing Certification

The completed complaint form has been reviewed with the complainant named on page 1 of the form and the complainant verbally certified accuracy to me on _____, via phone call from _____, at _____ A.M. P.M.

(Date) (Phone Number) (Time)

Wage and Hour Investigator Name: _____	Signature and Date: _____
--	---------------------------