



WAGE CLAIM NOTICE TO COMPLAINANT

Through Public Law 5-143, the Guam Department of Labor, Wage and Hour Division is charged with the responsibility to administer and enforce the Fair Labor Standards Act, promulgated under Title 22, Guam Code Annotated, Chapter 3, and Child Labor Laws under Title 19, Guam Code Annotated, Chapter 11, to protect workers against unpaid hours worked.

In order to best serve you, please follow these simple steps when filing your claim:

- The completed "Employee's Confidential Complaint Statement" must be submitted in person by the complainant filing a claim. Only the original form will be accepted.
Notice: You have two (2) years from the payday your wages were due to file your complaint. *29 U.S.C. §225. Statute of Limitations*
- Attach any examples of evidence in the form of documents or statements to include in your claim. Indicate below which documents you are submitting to support your claim. Return the "Employee's Confidential Complaint Statement" with your evidence. The evidence you submit with your wage claim will not be returned to you. Please make copies for your records.

- Time cards
- Shift schedules
- Attendance Rosters
- Log Books
- Personal time records (if you kept personal records or a calendar of your hours worked, please submit a copy)
- Payroll check stubs
- Copies of bad checks
- Other evidence of payment of wages
- Employee handbook
- Written wage agreements
- Written deduction authorizations
- Job/employment offer
- Employment contract/agreement
- Any other documents which substantiate your employment

- The Department of Labor must remain objective, and fair and impartial when investigating wage claims or complaints. You must provide evidence which supports your claim. If your claim is accepted, your employer will also be required to submit evidence. The investigator will evaluate the evidence submitted. Based upon the evidence submitted, the investigator will decide whether or not a violation of the Fair Labor Standards Act has occurred. We will proceed with your claim only if the majority of the evidence supports your claim.
- Please contact the Department of Labor immediately if there are any changes to your name, contact information, physical and mailing address. Failure to keep the Department informed of your current mailing address and phone number may result in the closure of your claim.
- If the employer has filed Bankruptcy, the Department of Labor will not be able to investigate your claim. Contact the District Court of Guam, Bankruptcy Support at (671) 969-4500.

Other notices:

- **Notice to the Employer:** Claims are assigned to investigators on a first come, first serve basis. Once assigned, the following notice to employers are given:
 - **Notice of Alleged FLSA Violation** is delivered to the employer, in person, by the investigator; **or,**
 - **Notice of Alleged FLSA Violation** is made known to the employer via telecommunication efforts or email, by the investigator.Once the employer is informed, a meeting is set with the employer and the investigator for follow-up. Follow-up dates vary with investigator caseloads.
- **Informal Meetings:** Both sides (employer and employee) and all parties involved will be given a chance to explain their positions and support them with testimony, documents or witnesses. The investigator will explain the laws and attempt to reach a settlement. Numerous informal meetings may occur until a settlement is met and all back wages (if any) are satisfied by the employer.
- In some cases, in which your claim is not accepted or resolved, you may file a complaint in Small Claims Court if the amount is less than \$10,000.00 or retain a private attorney.

I certify that I have read or had the above explained to me and that I understand my rights and duties as outlined.

Print Name: _____

Signature: _____

Date: _____



EMPLOYEE'S CONFIDENTIAL COMPLAINT FORM

DIRECTIONS: Read and complete the form thoroughly and completely, to the best of your knowledge. All information must be completed in the **complainant's** print handwriting in **black** or **blue** ink. Original forms must be submitted to GDOL's Wage and Hour office, along with a valid Government issued ID.

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:	
Ethnicity: <i>(Check all that apply)</i>			
<input type="checkbox"/> African American	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Phonpeian
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Yapese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Other:
Citizenship: <i>(For statistical purposes only)</i>			
<input type="checkbox"/> United States	<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Resident	<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>		

JOB INFORMATION

Position/Occupation Title: Part Time Full Time

Provide a brief description of your duties:

Name of individual who hired you: _____ Name of individual who supervised you: _____ Type of company: *(construction, janitorial, etc.)*

Employment Status: Currently Employed Resigned Terminated/Fired

Start Date: *(MM/DD/YYYY)* End Date: *(MM/DD/YYYY)* Local Hire Contract Hire Temporary Hire

TYPICAL WORKWEEK SCHEDULE

Day of the Week:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Time In:							
Time Out:							
Meal/Break:							
Total Hours Worked:							

COMPENSATION INFORMATION

Pay Type *(How were you paid?)*: Hourly \$ _____ Salary \$ _____ Other: _____

Compensation Cycle: *(How often were you paid)*
 Weekly Bi-Weekly Monthly Semi-Monthly Daily

Compensation/Payment Type: *(How did you receive your payment for hours worked)* Date of Last Compensation/Payment:

Check Cash Direct Deposit Other: _____

_____/_____/_____
Month Day Year

Are/were you paid within seven (7) days after the pay period ending? Yes No

Are/were 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? Yes No
 (Excluding taxes, social security, and any other deductions you have authorized in writing)

If YES, specify the type and reason for the unauthorized deduction(s) made below:

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:

- By signing this "Employee's Confidential Complaint Statement," you agree to the following:
- I understand that any falsification intended to mislead a public servant in performing his official function is a criminal offense.
 - I hereby certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, and authorize the Wage and Hour division to investigate and assist in this matter.
 - 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.

<p>Employee's/Complainant's Full Name</p> <hr/> <p>Employee's/Complainant's Signature</p> <hr/> <p style="text-align: right;">Today's Date</p>	<p>Witnessed By:</p> <hr/> <p>Wage and Hour Official's Full Name</p> <hr/> <p>Wage and Hour Official's Signature</p> <hr/> <p style="text-align: right;">Today's Date</p>
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FOR WAGE AND HOUR OFFICIAL ONLY

Nature of complaint: *(Select all that may apply)*

Minimum Wage
 Overtime
 Prevailing Wage
 Record Keeping
 Illegal Deductions
 Other: _____

Case Assigned To:	Case Number:
Wage and Hour Administrator Name:	Signature and Date: