Form # Claim #	WSR-1	2021
(Official Use O	nly



Statement of Complaint Wage Sharing Retaliation Form

Personal Information			
Full Name			
First	M.I.	Last	
Street Address			
City	State	_ Zip	
Daytime Phone Work Ph	one	Cell Phone	
Email Address			
Employer Information			
Business Name			
Business Street Address			
City	_ State	_ Zip	
Business Phone	Type of Busi	ness	
Owner's/Employer's Full Name			
Owner's/Employer's Street Address (If known.)			
City	State	_ Zip	
Address Where Work Performed (If differen	t.)		
City	State	_ Zip	
Owner's/Employer's Phone			
Owner's/Employer's Email Address			

Employment Information			
Job Title			
Description of Job Duties			
Rate/Frequency of Pay			
Currently Employed?: Yes No Terminated or Resigned?			
Hire Date Termination Date Last Date Worked			
Work Schedule (If still employed.)			
Name of Supervisor Contact Number			
<u>Claim Information</u>			
What actions have occurred at your employment causing you to make this claim? Circle <u>all</u> that apply.			
Termination Suspension Demotion Change In Hours Change In Pay Disciplinary Action			
Written Warning Threats Transfer Forced To Resign			
Other (Explain):			
Date of Action			
Name of Person(s) Delivering/Carrying Out Action			
Title(s)			

What reason did the employer give for the action? ______

What wage information was shared and with whom?

What type of resolution are you seeking? _____

Please provide a detailed description of what happened (Please attach additional sheets if more room i necessary.)
Were you provided any written notice of the changes or termination? If so, please provide a copy along with your complaint form.
Disclaimer: I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to \$10,000 or imprisonment for up to 6 months or both.
Signature Date
Mail to: VA Dept. of Labor & Industry

Mail to: VA Dept. of Labor & Industry
Labor & Employment Law Division
600 E. Main St., Ste. 207
Richmond, VA 23219