



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF LABOR STANDARDS
MINIMUM WAGE COMPLAINT FORM
 Sections 290.500-290.530 RSMo

Mail completed form to:
 Division of Labor Standards
 Attn: Minimum Wage Program
 P.O. Box 449, Jefferson City, MO 65102-0449
 Phone: 573-751-3403 Fax: 573-751-3721
 Email: minimumwage@labor.mo.gov
 Website: www.labor.mo.gov/DLS/MinimumWage

Complainant Name *(please print)* _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone No. (____) _____ Alternate Phone No. (____) _____

Email Address _____

Type of Complaint *(Please check all appropriate boxes.)*

- Underpayment of Wages
 Tipped Employee
 Overtime Compensation Not Received
- Last Paycheck Not Received – By signing the verification below, I waive my right of confidentiality pursuant to Section 290.520 and authorize the Division of Labor Standards to use my name during the investigation of my complaint.

What amount do you feel you are due? \$ _____

Name of Employer _____ Contact Name _____

Name of Business as Shown on Payroll Check _____

Address _____

City _____ State _____ ZIP Code _____

Phone No.(s) (____) _____ (____) _____

Website Address _____

Pursuant to §290.527, RSMo, the Division of Labor Standards can only pursue administrative action for two years from end of employment.

Period Employed with this Company (Month, Day, Year) From: _____ To: _____

Type of Employment/Job Occupation _____

Supporting Documentation *(Please attach the following documents.)*

- Check stubs/copies of payroll checks Other information *(any supporting documentation)*

SUMMARY OF COMPLAINT *(Use additional sheets, if necessary.)*

Please provide a brief description of your job duties and explain why you feel you have not been appropriately paid under the Missouri Minimum Wage Law.

STATEMENT OF VERIFICATION

I, _____ *(signature)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information, and belief.

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
 TDD/TTY: 800-735-2966 Relay Missouri: 711*