Department of Regulatory and Economic Resources
Consumer and Neighborhood Protection Division
11805 SW 26th Street, 2nd Floor, Miami, FL 33175
Tel (786) 469-2333 Fax (786) 469-2303
Consumer@miamidade.gov

Case No: _____

Wage Theft Complaint Affidavit

Please provide all requested information.

Incomplete affidavits will be returned to complainant.

Complainant Contact Information

Name: _____
Address: _____ Suite/Apt. #: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Home #: _____
Cell No: _____ E-Mail: _____

NOTE: *If your address, telephone number, or email changes after filing this form you must notify us immediately so we can update you on your case.* ***Your complaint will be closed if we are unable to contact you.***

Were you referred to this office by the U.S. Department of Labor (DOL) or anothergovernment agency? ☐ DOL ☐ No Other _____

Have you filed a private legal action? ☐ Yes ☐ No
Has the employer filed for bankruptcy? ☐ Yes ☐ No
Is the employer out of business? ☐ Yes ☐ No

Employer Information

Complete (Legal) Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Extension: _____
Web URL: _____ Company's Email: _____
Owner(s) Name(s): _____
Do(es) owner(s) exercise(s) operational control of business and/or supervises Complainant?
☐ Yes ☐ No

Supervisor(s)/Manager(s) Name(s): _____
Supervisor's Home Address (if known): _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Cell Phone#: _____
Email: _____

What type of wage theft are you alleging?

Note: you may not file a claim for expenses.
Please provide all requested information.

1. What type of back wages are you owed? Please check all that apply

☐ I was not paid at all for some or part of the time	☐ I was paid less than the required minimum Wage
☐ I was not paid at the wage rate promised	☐ I was not paid for overtime hours that I Worked
☐ Unauthorized deductions were taken from my pay	☐ I was required to work through breaks
☐ I was not paid commissions as promised	☐ I did not receive earned sick/vacation leave upon separation
☐ Other (please specify):	

2. What was your rate of pay?

Wage Rate: $_____ Per: ☐ Hourly ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ By Piece

If you checked "I was not paid at the wage rate promised" above, what should have been your wage rate?
Wage Rate: $_____ Per: ☐ Hourly ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ By Piece

If you checked "I was not paid commissions as promised," how much are you owed and how were your commissions calculated? $_____

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3. What were the dates for which you were not paid?

Regular Hours (Insert Dates)	Overtime Hours (Insert Dates)
From:_____ To:_____	From:_____ To:_____
Total number of unpaid hours:	Total number of unpaid OT hours:

Does this include breaks you were required to work through? ☐ YES ☐ NO

4. Are you owed additional earnings?

Total unauthorized deductions: $_____	Total tips owed: $_____
Total sick/vacation leave hours: _____	Total owed for earned leave: $_____

5. Are you owed additional earnings not listed above?

TOTAL GROSS WAGE THEFT CLAIM = $_____

Please explain how you calculated your total gross wage theft claim:

(You may not file a claim for expenses. Claims without a total amount cannot be processed)

OTHER REQUIRED INFORMATION

Was the work mentioned in this wage theft complaint performed entirely within the geographical boundaries of Miami-Dade County?	☐ **Yes**	☐ **No**	
Do you have any paystubs? (If yes, attach)	☐ Yes	☐ No	
Do you have a W-2 from this employer? (If yes, attach)	☐ Yes	☐ No	
Did you keep a time record? (If yes, attach)	☐ Yes	☐ No	
Did you make a written/oral request for your unpaid wages? (If written, attach)	☐ Yes	☐ No	
Are you a tipped employee (waiter, bartender, etc.)?	☐ Yes	☐ No	
Are you considered a subcontractor/independent contractor?	☐ Yes	☐ No	☐ Do not know
Is the business (your employer) still in operation?	☐ Yes	☐ No	☐ Do not know

Job title:		
Date of hire:	Last day worked:	
Worksite Address:		
City:	State:	Zip:
If you are working with an attorney or non-attorney advocate, please provide the following:		
Name:		
Address:		
City:	State:	Zip
Phone:	Email:	

By submitting this complaint affidavit, I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes.

_____

Signature Date

By submitting this complaint affidavit, I declare, under penalties of perjury, that I have read the foregoing complaint affidavit, that the facts stated in it are true and that any supporting documentation I submit will be copies of genuine documents.

_____

Signature Date

By submitting this complaint affidavit, I hereby agree to participate in any conciliation efforts by the Consumer Protection Mediation Center, and I hereby request a hearing on this complaint before a Hearing Examiner, should conciliation efforts fail.

_____

Signature Date

By submitting this complaint affidavit, I understand that I am solely responsible for collecting any award I may receive at hearing and further understand my complaint is a public record and that a copy of this complaint will be sent to the employer for their response.

_____

Signature Date

Complainants must sign and date acknowledging each of the mandatory disclaimers noted above. You may either print, sign, date, scan and email the executed complaint affidavit to consumer@miamidade.gov, or e-sign as follows: 1) **type /s/ at the beginning of each signature block; 2) type your full name and date in each signature block; and 3) save** the executed complaint affidavit and submit by email (as a pdf attachment to consumer@miamidade.gov).
E-sign signatures should look like the following: **/s/ Jane Doe**
An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

Forms may also be mailed to the address provided in the header of the first page.

For further information about the Miami-Dade County Wage Theft Program, please visit www.miamidade.gov/business/wage-theft.asp