Office Use ONLY
Date Received: ___/___/___
WR Case No: _____

Professional Standards Section
Broward County Governmental Center
115 South Andrews Avenue, Suite 119, Fort Lauderdale, FL 33301
Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

WAGE RECOVERY COMPLAINT FORM

Effective September 17, 2018, if you have performed work in Broward County and your Employer either failed to pay or underpaid the wage rate applicable for the work you performed, you may be entitled to file a complaint with the Broward County Professional Standards/Human Rights Section to recover your earned wages. In order to file a complaint under the Wage Recovery Ordinance, this completed form must be submitted to the Professional Standards/Human Rights Section.

Last Name:_____First Name:_____ Middle Initial:_____

Home Ph. #:_____Work Ph. #:_____Cell Ph. #:_____

Home Address:_____ Apt/Unit#_____

City:_____ State:_____ Zip Code:_____

Email Address: _____

Does your employer have a contract with Broward County? ☐ Yes ☐ No ☐ Unknown

Type of work performed: _____ Date Hired:_____
(for example: construction, restaurant, childcare)

Your job title:_____

Have you received, or will you be receiving an IRS Form 1099-MISC? ☐ Yes ☐ No

Have you received, or will you be receiving an IRS Form W-2? ☐ Yes ☐ No

I believe that the following employer has violated the Broward County Wage Recovery Ordinance:

Employer's Name:_____

Address:_____ Rm./Unit #:_____

City: _____State:_____ Zip Code: _____

Telephone:_____ Fax: _____

Supervisor's Name and Title:_____

_____

In order to complete your complaint form please answer the following questions.
If additional space is needed, please add an additional sheet.

Did you provide written notice to your employer of any wages not paid to you? ☐ Yes ☐ No When?

(A true copy of the written notice provided to your employer must be attached to your Complaint)

Please note that you may not file a complaint until at least fifteen (15) days have passed since your employer received the written notice.

What was your employer's response?

Is your employer still in business? ☐ Yes ☐ No ☐ Unknown

Does your employer owe you at least sixty ($60.00) or more in back wages? ☐ Yes ☐ No

What is your current status? ☐ Still employed ☐ Laid off ☐ Terminated ☐ Quit

If no longer employed, what was the date of the next pay day after your separation? _____

When was the last date that you performed work for this employer? _____

Method of pay: ☐ Cash ☐ Debit card ☐ Direct deposit ☐ Money order

☐ Payroll or personal check ☐ Other (please specify) _____

How often are you paid? *(For example: weekly, bi-weekly, monthly)* _____

Dates(s) the wage violation occurred: _____

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 not paid the minimum wage and I should have been

☐ I was not paid as much as promised ☐ I was not paid overtime and I should have been

☐ Unauthorized deductions were taken from my pay ☐ I worked through breaks

☐ Other: Please specify _____

Total amount of unpaid wages: _____

Please explain how you calculated the total amount of wages owed. (*For example: I am paid $10.00 per hour and I was not paid for one week. I worked 5 hours per day, 5 days per week. I am owed $250.00*):

Is there evidence that can be examined or documents which can be reviewed? ☐ Yes ☐ No
If yes, please describe the evidence, for example, timecard or contract, and where it can be found if known.

Do you know of any deductions or counterclaims your employer might make against your wage claim? If so, please explain:

If there are witnesses who have knowledge about your unpaid wages, please provide their names and contact information below.

Name	Address	Home/Cell Phone	Work Phone

I am represented by an attorney.
My attorney's name is:_____ Phone # _____

I am represented by an advocate who is not an attorney. By signing this complaint, I authorize the following person to represent me as my advocate in these county proceedings related to my wage recovery complaint:

Name: _____

Phone # _____

Address:

Is the advocate receiving compensation for representing you in these proceedings? ☐ Yes ☐ No

I understand that the Hearing Officer can remove the above-named non-attorney from these proceedings for cause

☐ Check here if you do not have an attorney or representative

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true.

_____ Print Name

_____ Sign and Date

Please return this completed form and supporting documentation to the Broward County Professional Standards/Human Rights Section. Supporting documentation means copies (not originals) of all notices/demand letters; copies of paychecks /check stubs; agreements relating to your wages; name of person(s) who can verify/substantiate your claim or allegations; copies of work schedules; time sheets; W-2 forms; contracts; or other record showing time worked or wages paid.

PRINT FORM