



Department of Regulatory and Economic Resources  
 Consumer Protection Mediation Center  
 601 NW 1st Court, 18th Floor  
 Miami, FL 33136  
 Phone: 786-469-2333  
 Fax: 786-469-2303  
 E-mail: [consumer@miamidade.gov](mailto:consumer@miamidade.gov)  
 Web: [www.miamidade.gov/business/consumer-protection.asp](http://www.miamidade.gov/business/consumer-protection.asp)

**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: \_\_\_\_\_  
 Daytime No: \_\_\_\_\_ Home No: \_\_\_\_\_  
 Cell No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NOTE:** *If your address or telephone number should change after filing this form you must promptly notify the County. Your complaint will be closed if the County is unable to contact you.*

Were you referred to this office by the U.S. Department of Labor (DOL) or another government 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/Supervisor's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 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

<input type="checkbox"/> I was not paid at all for some or part of the time	<input type="checkbox"/> I was paid less than the required minimum wage
<input type="checkbox"/> I was not paid at the wage rate promised	<input type="checkbox"/> I was not paid for overtime hours that I worked
<input type="checkbox"/> Unauthorized deductions were taken from my pay	<input type="checkbox"/> I was required to work through breaks
<input type="checkbox"/> I was not paid commissions as promised	<input type="checkbox"/> I did not receive earned sick/vacation leave upon separation
<input type="checkbox"/> 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?

Promised 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?


### 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

\$ \_\_\_\_\_

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

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

## Other Required Information

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

Was the work which is the subject of this wage theft complaint performed entirely within the geographical boundaries of Miami-Dade County?  YES  NO

Worksite Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job title: \_\_\_\_\_

Are you a tipped employee (waiter, bartender, etc.)?  YES  NO

Are you considered a subcontractor/independent contractor?  YES  NO

Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Is the business (your employer) still in operation?  YES  NO  DO NOT KNOW

I am represented by an attorney or advocate who is not an attorney:  YES  NO

If yes, provide:

NAME \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_

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](mailto:consumer@miamidade.gov), or e-sign by placing a "/s/" at the beginning of the signature block, save and email to [consumer@miamidade.gov](mailto:consumer@miamidade.gov).

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Fla. Stat.

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