

**MINIMUM WAGE COMPLAINT FORM**

**FOR OFFICIAL USE ONLY**

**CASE NO. #** \_\_\_\_\_

**DATE REC'D:** \_\_\_\_\_

**COOK COUNTY  
COMMISSION ON HUMAN RIGHTS**

<b>NAME OF EMPLOYEE/COMPLAINANT</b>	<b>TELEPHONE</b>	<b>COMPLAINANT EMAIL</b>
-------------------------------------	------------------	--------------------------

<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
-----------------------	-------------	--------------	-----------------

<b>NAME OF EMPLOYER/RESPONDENT</b>	<b>TELEPHONE</b>	<b>RESPONDENT EMAIL</b>
------------------------------------	------------------	-------------------------

<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
-----------------------	-------------	--------------	-----------------

**1. TYPE OF COMPLAINT** (Check as many as applicable)

PAID LESS THAN THE MINIMUM WAGE  RETALIATION

FAILED TO NOTIFY OF RIGHT TO MINIMUM WAGE  OTHER: \_\_\_\_\_

**2. WAGE RECEIVED:** \$ \_\_. \_\_/hour for work performed for Respondent **from** \_\_\_\_\_ **to** \_\_\_\_\_.  
mm/dd/yyyy mm/dd/yyyy

**3. LOCATION WHERE WORK PERFORMED** (*e.g.*, address of business facility or workplace):  
\_\_\_\_\_  
\_\_\_\_\_  
  
(Attach extra sheets if additional space is needed to reflect different wages, date ranges or locations of work)

(Review Rule 5.03 governing Minimum Wage cases at the Commission. Be sure to include facts explaining why you and your employer are covered by the Ordinance. Explain in detail how your employer has violated the Ordinance. Separate each allegation into its own numbered paragraph. Attach documents as described below.):

**4. THE PARTICULARS ARE:**

I.

(continued)

**MINIMUM WAGE COMPLAINT FORM**

**FOR OFFICIAL USE ONLY**

**CASE NO. #** \_\_\_\_\_

**DATE REC'D:** \_\_\_\_\_

**THE PARTICULARS ARE (CONT'D):** (Attach extra sheets if additional space is needed.)

**Attach to this complaint any documents that support your claim** (e.g., paychecks, paystubs, direct deposit receipts, W-2s, 1099s, work schedules, *etc.*).

**Provide the Commission with the names and contact information of any witnesses** who can corroborate your claim as soon as possible.

Under penalties of law, I certify that all information included in this complaint is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date