

**Virginia Department of Labor and Industry
Labor & Employment Law Division**

INSTRUCTIONS FOR COMPLETING "CLAIM FOR RETALIATION" FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached claim for retaliation for an unpaid wages /misclassification claim form must be fully completed, printed-out, signed and returned by mail in order for your claim to be investigated. Please fill in all areas completely. If necessary, use a separate sheet of paper to provide additional information or explanation. Send the original claim form and include copies of all documents which will support your claim. You must be able to prove that you were retaliated against for either filing an unpaid wages claim or for making a misclassification complaint. Incomplete forms will be returned, causing a delay in the investigation of your claim. If you have not filed a payment of wage claim with the Department of Labor and Industry or a lawsuit alleging the same, we cannot investigate your retaliation claim. Only **AFTER** you have been retaliated against should you file a claim with this office.

ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE MONETARY DAMAGES

Upon acceptance of your claim by the Virginia Department of Labor and Industry, do not assume that your claim is valid. Also, you must provide the company's complete name and mailing address along with the owner's or company representative's full name and address.

Please notify this office immediately in writing of any change in your address or telephone number.

How to Submit your form:

U.S. Postal mail only. Faxed forms cannot be accepted!

Please submit your completed claim form to the following address by U.S. Mail:

**Division of Labor and Employment Law
Virginia Department of Labor and Industry
600 East Main Street, Ste. 207
Richmond, Virginia 23219.**

Remember to sign the claim form and make sure to include the employer's full address.

Please include your email address for notices about your claim.

Employment Information

Job Title _____

Description of Job Duties _____

Currently Employed?: Yes No Terminated or Resigned? _____

Hire Date _____ Termination Date _____ Last Date Worked _____

Work Schedule (If still employed.) _____

Name of Supervisor _____ Contact Number _____

Claim Information

What type of retaliation are you alleging? Payment of Wage Misclassification

Did you file a Payment of Wage Claim with the Department or file a lawsuit for nonpayment of wage? Yes No

Did you file a Misclassification Claim with any agency, file a lawsuit, or otherwise indicate an intention to file a complaint or lawsuit about your classification status to your employer? Yes No

If yes to either of the above, what was the date(s) and disposition of the claim(s)?

What actions have occurred at your employment causing you to make this claim? Circle **all** that apply.

- Termination Suspension Demotion Change In Hours Change In Pay Disciplinary Action
- Written Warning Threats Transfer Forced To Resign

Other (Explain): _____

Date of Action _____

Name of Person(s) Delivering/Carrying Out Action _____

Title(s) _____

What reason did the employer give for the action? _____

Are you alleging misclassification retaliation or payment of wage retaliation while working on a state public works project? Yes No

