

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

**INSTRUCTIONS FOR COMPLETING “CLAIM FOR PAYMENT OF WAGE RETALIATION” FORM**

***PLEASE READ THESE INSTRUCTIONS CAREFULLY***

The attached claim form for payment of wage retaliation 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 that will support your claim – **original documents will not be returned to you**. You must be able to prove that you were retaliated against for **filing a claim for unpaid wages** with the Department of Labor and Industry *or* **filing a civil suit against your employer for unpaid wages**. Incomplete forms will be returned, causing a delay in the investigation of your claim.

**ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE ANY OUTCOME.** Upon acceptance of your claim by the Virginia Department of Labor and Industry, do not assume that your claim is valid.

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

**INSTRUCTIONS FOR SUBMITTING “CLAIM FOR PAYMENT OF WAGE RETALIATION” FORM**

**Submit completed claim forms by U.S. postal mail only. Faxed or emailed forms will not be accepted!**

Please mail your completed claim form to the following address:

**Division of Labor and Employment Law  
Virginia Department of Labor and Industry  
600 East Main Street, Suite 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. Once your claim form has been received and processed by the Department, you will be contacted with next steps.

Claim Number: \_\_\_\_\_

For Official Use Only



**VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY  
STATEMENT OF CLAIM FOR PAYMENT OF WAGE RETALIATION**

Please type or print clearly. We may be unable to assist you if your answers are incomplete or illegible.

YOUR FULL NAME: \_\_\_\_\_

YOUR STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

WHAT WAS YOUR JOB TITLE? \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_ LAST DATE ACTUALLY WORKED: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

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BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ APPROXIMATE NUMBER OF EMPLOYEES: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMPLOYER'S HOME/CELL PHONE: \_\_\_\_\_

BUSINESS MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:  
\_\_\_\_\_

DID THEY CONDUCT BUSINESS UNDER ANY OTHER NAME(S)? YES  NO  IDENTIFY: \_\_\_\_\_

COMPANY PRESIDENT OR OWNER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRESIDENT OR OWNER'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IDENTIFY THE PLACE WHERE YOU PERFORMED WORK FOR THIS BUSINESS.

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. YES  NO  IS THE BUSINESS CLOSED OR IN BANKRUPTCY?
2. YES  NO  DID YOU FILE A CLAIM FOR UNPAID WAGES WITH THE VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY?  
IF YOUR ANSWER IS "YES," WHEN DID YOU FILE A CLAIM? \_\_\_\_\_
3. YES  NO  DID YOU FILE A CIVIL SUIT AGAINST YOUR EMPLOYER FOR UNPAID WAGES?  
IF YOUR ANSWER IS "YES," WHEN DID YOU FILE SUIT? \_\_\_\_\_
4. YES  NO  WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR AN INDEPENDENT AGENT?
5. YES  NO  HAVE YOU FILED A COURT CASE CONCERNING YOUR EMPLOYER'S RETALIATION AGAINST YOU?  
IF YOUR ANSWER IS "YES," IN WHICH COURT DID YOU FILE? \_\_\_\_\_
6. YES  NO  HAVE YOU HIRED A LAWYER?
7. YES  NO  WERE YOU EMPLOYED TO PERFORM WORK AS PART OF A VIRGINIA PUBLIC WORKS PROJECT?

8. WHAT ACTION(S) HAVE OCCURRED IN YOUR EMPLOYMENT CAUSING YOU TO MAKE THIS CLAIM? CHECK **ALL** THAT APPLY:

- TERMINATION       SUSPENSION       DEMOTION       CHANGE IN HOURS       CHANGE IN PAY   
 WRITTEN WARNING       THREATS       TRANSFER       FORCED TO RESIGN

OTHER (EXPLAIN) : \_\_\_\_\_

DATE OF ACTION: \_\_\_\_\_

NAME OF PERSON(S) CARRYING OUT ACTION: \_\_\_\_\_

TITLE OF PERSON(S) CARRYING OUT ACTION: \_\_\_\_\_

REASON GIVEN FOR ACTION: \_\_\_\_\_

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9. YES  NO  WERE YOU PROVIDED ANY WRITTEN NOTICE OF THE ACTION(S) OR CHANGE(S)?  
If so, please provide a copy of the notice along with your claim form.

