

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

INSTRUCTIONS FOR COMPLETING “CLAIM FOR WAGE SHARING RETALIATION” FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached claim form for wage sharing 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 **sharing, discussing, or inquiring into** your or another employee’s wages or compensation. 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 WAGE SHARING 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
6606 West Broad Street, Suite 500
Richmond, Virginia 23230**

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 WAGE SHARING 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: _____

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 WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR INDEPENDENT AGENT?
3. YES NO DID YOU DISCUSS INFORMATION CONCERNING YOUR OWN WAGES OR OTHER COMPENSATION WITH? ANOTHER EMPLOYEE OR EMPLOYEES?
IF YOUR ANSWER IS "YES," WHEN WAS THIS CONVERSATION? _____
IF YOUR ANSWER IS "YES," WITH WHOM DID YOU DISCUSS THIS? _____
4. YES NO DID YOU DISCUSS INFORMATION CONCERNING ANOTHER EMPLOYEE'S WAGES OR OTHER COMPENSATION WITH ANOTHER EMPLOYEE OR EMPLOYEES?
IF YOUR ANSWER IS "YES," WHEN WAS THIS CONVERSATION? _____
IF YOUR ANSWER IS "YES," WITH WHOM DID YOU DISCUSS THIS? _____
5. YES NO AS PART OF YOUR JOB DUTIES, DID YOU HAVE ACCESS TO INFORMATION ABOUT OTHER EMPLOYEES' WAGES OR OTHER COMPENSATION?
IF YOUR ANSWER IS "YES," DID OTHER EMPLOYEES IN OTHER POSITIONS HAVE THIS SAME KIND OF ACCESS TO EMPLOYEE INFORMATION? YES NO
6. 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? _____
7. YES NO HAVE YOU HIRED A LAWYER?
8. YES NO WERE YOU EMPLOYED TO PERFORM WORK AS PART OF A VIRGINIA PUBLIC WORKS PROJECT?

9. 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: _____

10. 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.

