



Office Use Only:	
LS ID	_____
LCM	_____
PV	<input type="checkbox"/>
No PV	_____
Priority	_____
Taken by	_____
Date	_____

## Labor Standards Farm Workers' Complaint Form

Farm workers should use this form to claim unpaid wages, illegal deductions, wage supplements, minimum wage, overtime, no meal period, no day of rest, etc.

**Note:** This form is available in languages other than English. Anyone working on a Farm in New York State may make a complaint to the New York State Department of Labor.

Please answer all questions for the parts which are related to your claim. Providing complete information helps us review your complaint and accept it for investigation. Return your completed form to the address above.

We will contact you if we do not have enough information to proceed or if your claim appears invalid. If you have questions about how to complete this form call (888) 469-7365.

### Part 1. Person Filing Claim (Employee/Complainant Information)

1. Name:(first)\_\_\_\_\_ (middle)\_\_\_\_\_ (last)\_\_\_\_\_
2. Another name known by at work:\_\_\_\_\_
- 3a. Mailing address: No:\_\_\_\_\_ Street:\_\_\_\_\_ Apt. No.:\_\_\_\_\_
- City/Town:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_ Zip code:\_\_\_\_\_
- 3b. Permanent address (if different from above): No:\_\_\_\_\_ Street:\_\_\_\_\_ Apt. No.:\_\_\_\_\_
- City/Town:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_ Zip code:\_\_\_\_\_
4. Phone:(\_\_\_\_) \_\_\_\_\_ 5. Other phone:(\_\_\_\_) \_\_\_\_\_
6. Email:\_\_\_\_\_ 7. Your primary/preferred language:\_\_\_\_\_

### Part 2. Claim Filed Against (Farm Business and Owner Information)

- 8a. Business name:\_\_\_\_\_
- 8b. Legal name (if different):\_\_\_\_\_
- 8c. Legal entity type:  Individual  LLC  Partnership  Corporation  Other:\_\_\_\_\_
- 8d. Type of Farm:  stock  poultry  dairy  fruit/vegetable  greenhouse/nursery  other:\_\_\_\_\_
- 8e. Mailing address: No.:\_\_\_\_\_ Street:\_\_\_\_\_ Fl/Rm/Suite#:\_\_\_\_\_
- City/town:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_ Zip code:\_\_\_\_\_
- 8f. Business phone: :(\_\_\_\_) \_\_\_\_\_ 8g. Email:\_\_\_\_\_
- 9a. Owner(s) name(s) and title(s):\_\_\_\_\_

- 9b. Mailing address: No.: \_\_\_\_\_ Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City/town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
- 9c. Owner phone: (\_\_\_\_) \_\_\_\_\_ 9d. Email: \_\_\_\_\_
10. Total # of employees: \_\_\_\_\_
11. Employer's bank name and location (attach copy of check or check stub): \_\_\_\_\_

**Part 3. Person Filing Claim (Employment Information)**

12. Your job title: \_\_\_\_\_ 13. Type of work you performed: \_\_\_\_\_  
 \_\_\_\_\_
14. Worksite address/location: No.: \_\_\_\_\_ Street: \_\_\_\_\_  
 City/town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
15. Date hired: /\_\_\_\_/\_\_\_\_
16. Your relationship with business:  Still employed  Discharged  Quit  Temporarily laid-off
17. Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_
18. Your work was  seasonal or  year-round
19. Name and title of person who hired you: \_\_\_\_\_
20. Name(s) of your manager/supervisor/foreman: \_\_\_\_\_
21. Name of person who paid your wages: \_\_\_\_\_
22. Did you regularly travel outside New York State for work?  Yes  No
- 23a. Were you a member of a union?  Yes  No 23b. If "Yes," union name and Local no.: \_\_\_\_\_
- 24a. Your rate of pay: \$ \_\_\_\_\_ per  Day  Week  Hour  Piece  Other \_\_\_\_\_
- 24b. Your overtime rate of pay: \$ \_\_\_\_\_
- 25a. What was your payday?  Mon  Tues  Wed  Thurs  Fri  Sat  Sun
- 25b. What period did this cover? (e.g. Sat through Fri) \_\_\_\_\_
26. How often were you paid?  Daily  Weekly  Every two weeks  Other \_\_\_\_\_
27. How were your wages paid?  Cash  Check  Direct Deposit  Pay Card  
 Combination: (please explain - e.g. part in cash and part by check) \_\_\_\_\_
- 
- 28a. Did your employer provide you with lodging and utilities?  Yes  No 28b. If "Yes", what amount, if any, was deducted from your wages per day \$ \_\_\_\_\_ or per week \$ \_\_\_\_\_ or per month \$ \_\_\_\_\_?
- 28c. Were you living by yourself or with other individuals in the employer provided housing? \_\_\_\_\_
- 29a. Did you typically make purchases from a Commissary run by your employer?  Yes  No 29b. If "Yes", list the items, and the purchase amount or the amount deducted from your wages for each item:  
 Item: \_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_
- 30a. Are you charged by the employer for any other living or transportation expenses?  Yes  No 30b. If "yes" what is it and how much are you charged per week/month? \_\_\_\_\_  
 \_\_\_\_\_

**Part 4. Unpaid Wages Claim**

Fill in this section if you are owed wages (see Part 6 if you are due overtime pay). Use one row for each week. Gross wages mean the amount earned before taxes or other deductions. Attach a separate sheet(s) for additional weeks, or to give more information.

A. Payroll Week Ending Date	B. Number of Days Worked in the Week	C. Hours Worked in the Week	D. Rate of Pay (Earned or Promised)	E. Illegal Deductions from Wages (e.g. fines, breakage, etc.)	F. Gross Wages Owed for the Week	G. Gross Wages Paid (If employer paid some of the wages owed write the amount here)	H. Difference Between Gross Wages Owed and Gross Wages Paid
Ex.: 4/4/2017	7	35	\$16.00 per hour		\$560 (CxD)	\$0	\$560 (F-G)
<b>I. Total</b>							

31a. If your paycheck was not honored by the bank (NSF), please provide check number and payroll week ending date. If available, provide a copy of the check: \_\_\_\_\_

31b. Claim Range: What time period does your wage claim cover? Date from: / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part 5. Unpaid Wage Supplement Claim**

Fill in this section for wage supplements you are owed. Wage supplements are fringe benefit payments promised by the employer such as: vacation pay, expenses, holiday pay, etc.

32. Explain the benefits promised or attach a copy of the written policy/handbook: \_\_\_\_\_

A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex.: Vacation pay	1/1/16–12/31/16	1/1/17	1 week	\$700	<input checked="" type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
<b>G. Total</b>					

**Part 6. Unpaid Minimum Wage or Overtime Claim**

**Fill in this section** if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime. Most employees must be paid at least the minimum wage and time and ½ if they work more than 60 hours per calendar week.

- 33a. Are you paid the minimum wage for each hour worked?     Yes    No
- 33b. Are you paid time and ½ for the hours worked over 60?     Yes    No
- 33c. Are you paid any wages for the hours worked over 60?     Yes    No    33d. If “Yes,” how much per hour? \_\_\_\_
- 33e. Are you paid time and ½ if required to work on your ‘day of rest’?     Yes    No
- 33f. If “No” to any of the above, please explain and fill in the schedule of your work week below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Workday	B. Time Workday Started	C. Time Workday Ended	D. Time off for Meals	E. Total Hours
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
<b>F. Weekly Total</b>				

- 34a. Are the hours worked listed above the same every week?    Yes    No
- 34b. If “No,” please provide your estimate of average number of hours worked per week: \_\_\_\_\_
- 34c. Claim Range: What time-period does your minimum wage or overtime claim cover?  
Date from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 7. Non-Wage Complaint**

**Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.**

The employer failed to:

- 35a.  Provide a 30-minute meal period  
Were you paid for the time worked when the employer failed to provide the meal period?    Yes  No
- 35b.  Provide a wage statement (pay stub)
- 35c.  Provide a day of rest
- 35d.  Provide a termination notice
- 35e.  Provide a notice of pay rate
- 35f.  Pay wages on time
- 35g.  Pay wages “on the books”

- 35h.  Post required notices/Farm Minimum Wage Poster
- 35i.  Follow rules for employment of minors (under 18)
- 35j.  Provide accessible drinking water
- 35k.  Provide toilet and hand washing facilities
- 35l.  Forced involuntarily to work more than 60 hours in a week
- 35m.  Other

**Part 8. Claim Background**

- 36a. Did you ask for your wages?  Yes  No
- 36b. If "Yes," please explain. Who and when did you ask, and what happened?

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**Part 9. Retaliatory Action**

- 37a. Did you complain about this or another labor law violation?  Yes  No
  - 37b. If "Yes," what happened? \_\_\_\_\_
  - 37c. Have you and your coworkers faced negative action because you talked about workplace concerns, or have engaged in union organizing activities?  Yes  No
  - 37d. If "Yes", what happened? \_\_\_\_\_
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- 37e. Do you now want to file a retaliation complaint against this employer?  Yes  No

**Part 10. Claim Assistance**

- 38a. Do you have a representative (e.g. private attorney, advocacy group)?  Yes  No
- 38b. If "Yes," provide name of person or group: \_\_\_\_\_
- 38c. Has this representative assisted you in filing this claim?  Yes  No
- 38d. Have you paid, or do you plan to pay, this representative?  Yes  No
- 38e. Do you want us to speak with this representative about your claim?  Yes  No  
If so, representatives must submit a Letter of Representation (LS 11).
- 38f. Did anyone, other than the representative, help you fill out this form?  Yes  No
- 38g. If "Yes." who helped you and why did they help you? \_\_\_\_\_

**Additional Comments/Useful Information:**

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**my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.**

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Claimant Signature

Date