



## Arkansas Department of Labor COMPLAINT QUESTIONAIRE FORM

**Mail To:**  
 Arkansas Dept of Labor  
 Labor Standards Section  
 10421 West Markham  
 Little Rock, Arkansas 72205-2190  
 Ph 501-682-4534 fax 501-682-4506

### PERSONAL INFORMATION

First Name:	Date of Birth:		
Last Name:	Email Address:		
Street address:	City:	State:	Zip Code:
Phone: (    )	Message Phone: (    )		

### EMPLOYER INFORMATION

Business Name:	Direct supervisor name:		
Street Address:	City:	State:	Zip
Mailing address (If Different):	City	State:	Zip
Phone:                      Fax:	Are you still working for the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of business (what do they do?)	Your job title:		
Were you classified as a 1099 independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who hired you?		
Does employer keep records of your time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did <b>you</b> keep records of your time? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe your daily job duties:

Were you paid;  Salary  Hourly  Commission  Other? Explain:

Did your employer pay overtime after 40 hours in a workweek?  Yes  No

Wages Paid by:  Cash  Personal Check  Company Check  Debit Card  Other (Explain)

Tipped Employees hourly rate:	Did you report tips to your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List any deductions from pay:

Were you paid:  Daily  Weekly  Bi-weekly  Semi- Monthly  Monthly

***In the space provided below, please discuss your concerns or issues regarding your wages, deductions or overtime. The Department cannot accept complaints regarding pay raises. Discrimination issues should be referred to the Equal Employment Opportunity Commission. Disputes regarding unpaid sick, vacation, fringe benefits or unpaid final paycheck should be filed with the Arkansas Department of Labor's wage claim process on the Departments website at <http://www.labor.ar.gov/Pages/default.aspx> or contact the department by phone at 501-682-4534.***

Complainant Signature:

Date: