

Office Use Only:	
LS ID	_____
LCM	_____
PV	_____
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: _____ Apt. No. _____ City/Town: _____
County: _____ State: _____ Zip code: _____
- 3b. Permanent address (if different from above): _____ 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: _____ 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: _____ 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: _____ 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)
I. Total							

- 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 Paid Sick Leave

Fill in this section for Paid Sick Leave you are owed. Section 196-b of the New York State Labor law requires employers with five or more employees or net income of more than \$1 million to provide paid sick leave to employees. On September 30, 2020, covered employees in New York State began to accrue leave at a rate of one hour for every 30 hours worked. On January 1, 2021, employees may start using accrued leave.

A. Time Period Paid Sick Leave Accrued	B. Amount of Paid Sick Leave Accrued	C. Date(s) when Paid Sick Leave used	D. Amount of Benefit Time Owed	E. Regular Rate of Pay	F. Amount of Benefit Payment Due
Ex. 9/30/20-1/8/21	16.5 hours	1/11/21	8 hours	\$20/hour	\$160
G. Total					

Part 6. 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
					written policy verbal promise
					written policy verbal promise
					written policy verbal promise
G. Total					

Part 7. 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	:	:		
F. Weekly Total				

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 8. 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 payment of employee wages by at least one of these permissible methods: Cash/Check/
Direct Deposit/Payroll Debit Card (Pay Card) _____
- 35e. Obtain written employee authorization for payment of wages by Direct Deposit or Payroll Debit Card

- 35f. Provide a termination notice _____
- 35g. Provide a notice of pay rate with all required information _____
- 35h. Pay wages on time _____
- 35i. Pay wages "on the books" _____
- 35j. Provide for accrual of required New York State Paid Sick Leave _____
- 35k. Post required notices/Farm Minimum Wage Poster _____
- 35l. Follow rules for employment of minors (under 18) _____
- 35m. Provide accessible drinking water _____
- 35n. Provide toilet and hand washing facilities _____
- 35o. Forced involuntarily to work more than 60 hours in a week _____
- 35p. Other _____

Part 9. 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?

Part 10. 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?

37e. Do you now want to file a retaliation complaint against this employer? Yes No

Part 11. 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:

I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse 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.

Claimant Signature

_____/_____/_____
Date