



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

MINIMUM WAGE COMPLAINT FORM
Sections 290.500-290.530 RSMo

Mail completed form to:
Division of Labor Standards
Attn: Minimum Wage Program
P.O. Box 449, Jefferson City, MO 65102-0449
Phone: 573-751-3403 Fax: 573-751-3721
E-mail: minimumwage@labor.mo.gov
www.labor.mo.gov/ls/minimumwage

Complainant's Name *(please print)* _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Telephone No. (____) _____ Alternate Telephone No. (____) _____

E-mail Address _____

Type of Complaint *(Please check all appropriate boxes.)*

- Underpayment of Wages
- Tipped Employee
- Overtime Compensation NOT Received
- Improper Worker Classification/1099 Abuse
- Last Paycheck NOT Received – By signing the verification below, I waive my right of confidentiality pursuant to Section 290.520 and authorize the Division of Labor Standards to use my name during the investigation of my complaint.

What amount do you feel you are due? \$ _____

Name of Employer _____ Contact's Name _____

Address _____

City _____ State _____ ZIP Code _____

Telephone No.(s) (____) _____ (____) _____

Web site Address _____

Period employed with this company (month, day, year) From: _____ To: _____

If no longer employed, state reason: Quit Retired Discharged Other: _____

Type of Employment _____

Supporting Documentation *(Please attach the following documents.)*

- Check stubs/copies of payroll checks
- Other information *(any supporting documentation)*

SUMMARY OF COMPLAINT *(Use additional sheets, if necessary.)*

Please provide a brief description of your job duties and explain why you feel you have not been appropriately paid under the Missouri Minimum Wage Law.

STATEMENT OF VERIFICATION

I, _____ *(signature)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information, and belief.