



CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION
 121 NORTH LASALLE STREET, ROOM 805
 CHICAGO, IL 60602

Tel. 312.744.6060
 Fax. 312.744.0246
www.cityofchicago.org/bacp

@ChicagoBACP

OFFICE USE

Date Received: _____

Processed By: _____

CSR#: _____

MINIMUM WAGE COMPLAINT AFFIDAVIT

INSTRUCTIONS

- Please complete ALL information requested below. Failure to do so may result in a delay or rejection of your complaint.
- After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.
- If action is taken as a result of your complaint, you will be notified.

YOUR INFORMATION

Name _____				Date of Birth _____
Address _____	Unit # _____	City _____	State _____	Zip Code _____
Home/Work/Mobile Telephone No. _____		E-Mail _____		

EMPLOYER INFORMATION

Employer Business Name _____			Business Owner or Supervisor _____	
Business Address _____	Unit # _____	City _____	State _____	Zip Code _____
Business Telephone No. _____		Who is responsible for issuing pay? _____		

PLEASE FAX TO 312.743.1841 OR MAIL TO:
 ATTN: MINIMUM WAGE INTAKE
 DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
 2350 WEST OGDEN AVENUE, 2ND FLOOR
 CHICAGO, ILLINOIS 60608
NOTE: IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER SHEET



PLEASE CONTINUE TO NEXT PAGE
(NEXT PAGE MUST BE COMPLETED AND SIGNED)

MINIMUM WAGE COMPLAINT CONT.

DATE OF HIRE (MM/DD/YY): _____ JOB TITLE: _____

ARE YOU STILL EMPLOYED THERE? YES NO IF NO, WHEN WAS YOUR LAST DAY? _____

WHAT WORK DID YOU PERFORM IN CHICAGO? _____

DID YOU ALSO WORK FOR THIS EMPLOYER OUTSIDE OF CHICAGO? YES NO

WERE YOU IN A UNION? YES NO IF YES, WHAT UNION? _____

IS THE EMPLOYER STILL OPERATING? YES NO

WHAT WAS THE FREQUENCY OF PAY? SALARY HOURLY OTHER _____

DO YOU RECEIVE PAY STUBS? YES NO

DO PAY STUBS REFLECT CORRECT HOURS? YES NO

DID YOU RECEIVE TIPS? YES NO PLEASE DESCRIBE: _____

COMPLAINT EMPLOYMENT DATES	HOURS WORKED	AMOUNT PAID	AMOUNT OF TIPS
FROM: _____ TO: _____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____

HAVE YOU COMMUNICATED THE UNDERPAYMENT TO YOUR EMPLOYER? YES NO

EXPLAIN WHAT YOU ARE OWED AND WHY? _____

FOR ALL CLAIMS: PLEASE INCLUDE COPIES OF PAYCHECKS, PAYSTUBS, W2's, 1099's OR ANY OTHER DOCUMENTATION THAT HAS THE NAME OF YOUR EMPLOYER AND RATE OF PAY.



READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is **true and accurate** to the best of my ability.

Signature

Date Submitted