

**PAYMENT
COMPLIANCE
COMPLAINT FORM**

INDUSTRIAL COMMISSION OF ARIZONA
LABOR DEPARTMENT
P.O. BOX 19070
PHOENIX, ARIZONA 85005-9070
PHONE (602) 542-4515 FAX 602-542-8097

PAYMENT COMPLIANCE

Case No. _____

(FOR OFFICE USE ONLY)

EMPLOYER INFORMATION: Identify the employer involved in the payment compliance violation.

*Employer Business Name: _____

*Address: _____ *City: _____ *State: _____ Zip: _____

Telephone Number: _____ Type of Business: _____

Owner's Name: _____

PAYMENT COMPLIANCE COMPLAINT: Provide as much information as possible.

- *Select Type of Payment Compliance Violation:
- Employer not paying wages on prescribed paydays.
- Employer not providing pay stub with wages. Employer not paying wages at least twice a month.

NOTE: If your complaint is not for one of the three listed areas, please contact the Labor Department at (602)-542-4515 for further assistance. **DO NOT** use this Payment Compliance Complaint Form to file an Unpaid Wage Claim or Minimum Wage Claim.

*Please provide a detailed explanation of the alleged violation(s) listed above: _____

*I have supporting documents and evidence related to my Payment Compliance Complaint. Yes No If "Yes," please promptly submit your supporting documents and evidence to the Labor Department by U.S. Mail (P.O. Box 19070, Phoenix, AZ 85005-9070), Fax (602-542-8097), or e-mail (Laborinv@azica.gov).

*I wish to remain anonymous: Yes No

COMPLAINANT INFORMATION:

Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____