



## THE INDUSTRIAL COMMISSION OF ARIZONA

### State Labor Department

P O Box 19070

Phoenix AZ 85005-9070

Phone (602) 542-4515

### INSTRUCTIONS FOR FILING A WAGE CLAIM COMPLAINT

- **Answer all questions on the wage claim form completely.**

[R20-5-1002]—A claimant shall provide; Employer's name, address, telephone number, description of business.

- Incomplete forms or if it is unreadable will not be accepted and will be returned to you, which may delay or hinder the processing of your claim.
- **Please contact the Department** immediately if you move and/or change your address.
- A copy of this claim and any attachments submitted by you will be sent to your former employer. We are not able to accept any request for confidentiality.
- To support your claim submit any documents relevant to the breakdown or calculations i.e. pay stubs, company policies. This will assist in the Investigation process.
- Unpaid wages can be filed within one (1) year from the date the wages were earned.
- You must make an attempt to return any or all property to your former employer.
- Your wage claim amount owed cannot exceed over **\$5000.00**. If you are owed more than this amount your recourse is to file through Small Claims Court or Superior Court.
- If your employer has filed Bankruptcy, you cannot file a wage claim with our Department. Contact the Bankruptcy Courts at 602-682-4001.
- If you are an Independent Contractor, you cannot file your claim with this Department, your only recourse is thru Small Claim Courts.
- If you are claiming overtime hours, you cannot file with this Department. Contact the Federal Wage & Hour Division at 602-514-7100.

Be advised that the process of your claim can be a lengthy procedure. If your employer disputes the wage claim, the Investigation process could take up to sixty (60) days to resolve.

Revised 2/2010



Unpaid Wage Claim  
(Pursuant to A.R.S. §23-356)

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

WAGE CLAIM NO: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_  
(FOR OFFICE USE ONLY)

**USE AND PRINT WITH AN INK PEN:**

<b>Your Name:</b>			*Social Security Number:		Birth Date:	
Address:				<b>Apt #</b>		e-mail address:
City:		State:	Zip Code:		Telephone No.	Cell Number:
						Message Telephone:
<b>Name of Business:</b>				Telephone No.		Type of Business:
Address:				<b>Suite #</b>		
City:		State:	Zip Code:		Owner's Name:	
Owner's Home Address: (If available)						
Additional Information: (ex: Corporate Name, Additional addresses, phone number's)						

Your Job Title: \_\_\_\_\_ Type of work performed? \_\_\_\_\_

Who hired you? \_\_\_\_\_ Their Title/Position: \_\_\_\_\_

Who supervised you? \_\_\_\_\_ Their Title/Position: \_\_\_\_\_

Address where work was done? \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Your rate of pay: \$ \_\_\_\_\_ per: Hour Day Week Monthly Other \_\_\_\_\_

How often were you paid? Weekly Bi-Weekly Semi-Monthly Bi-Monthly Other \_\_\_\_\_

Was Wage Agreement or Contract. Written or Verbal, If written (provide copy)

How were you paid? Check Cash or Other (explain)

Was the job contracted in Arizona?..... Yes No If no, Where? \_\_\_\_\_

Did you quit?..... Yes No If yes, Why? \_\_\_\_\_

Were you discharged?..... Yes No If yes, Why? \_\_\_\_\_

Do you owe money to the employer?..... Yes No If yes, \$ \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have any employer's property?..... Yes No If yes, What? \_\_\_\_\_

Did you ask for your wages?..... Yes No If yes, Dates: \_\_\_\_\_

Reason given for non-payment of wages? \_\_\_\_\_

Is the employer still in business?..... Yes No

Did the employer file Bankruptcy?..... Yes No

Were you an Independent Contractor?..... Yes No

Did your employer withhold taxes?..... Yes No

Did the employer keep time cards?..... Yes No

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**PLEASE COMPLETE THE APPROPRIATE SECTION(S) THAT APPLY**



<b>HOURLY:</b>	(Rate of pay)	Dates: mm/dd/yy to mm/dd/yy
Number of Unpaid Hours	x \$	=\$

<b>SALARY:</b>	Circle One (Days/ Weeks/ Months)	(Rate of pay)	Dates: mm/dd/yy to mm/dd/yy
Number of Unpaid	x \$		=\$

<b>COMMISSION:</b>		Dates: mm/dd/yy to mm/yy/dd
Percentage	% x	(Gross Sales) =\$

<b>PIECE RATE:</b>		Dates: mm/dd/yy to mm/yy/dd
Was job based on completion of work? Yes/No		
Piece Rate: \$	per:	=\$

<b>VACATION:</b> Submit a copy of the policy or attach an explanation		Dates: mm/dd/yy to mm/yy/dd
Circle One → (Days/ Hours /Weeks)	(Rate of Pay)	
Number of:	x	=\$

<b>BONUS:</b>		Dates: mm/dd/yy to mm/yy/dd
Submit a copy of the policy or attach a written explanation		
Enter amount claiming:		=\$

<b>UNAUTHORIZED DEDUCTIONS:</b> (Submit copy of paystub)		Dates: mm/dd/yy to mm/yy/dd
Why were deductions made?		
Total Amount Claiming:		=\$

<b>MILEAGE / NSF CHECKS / OTHER AMOUNTS:</b>		Dates: mm/dd/yy to mm/yy/dd
Number of miles	x ¢	=\$

Total NSF Check(s)	Submit Original(s)	Dates: mm/dd/yy to mm/yy/dd
		=\$

<b>Other:</b>		Dates: mm/dd/yy to mm/yy/dd
(Attached an explanation on a separate sheet of paper)		
		=\$

**Add all areas listed above and enter the total GROSS AMOUNT \$ \_\_\_\_\_**

IF YOUR WAGE CLAIM IS INCOMPLETE IT MAY BE RETURNED TO YOU; AN INCOMPLETE FORM MAY DELAY THE PROCESS AND NO FURTHER ACTION WILL BE TAKEN.

I hereby certify that this is a true statement to the best of my knowledge. I understand that acceptance of this claim by the Labor Department does not guarantee collections. I authorize the Department to receive any monies due to me and to mail such monies at my own risk (checks will be mailed certified to your address listed on file)

Date: \_\_\_\_\_ Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ CSR Signature: \_\_\_\_\_ Office Mail Faxed E-Mail