

# Wage and Hour Division General Inquiry Form

**OMB Control Number** 1235-0021

**Expiration:** 05/31/2027

Please provide as much information as possible in the form below.

If we need to reach you, a Wage and Hour Representative will contact you by telephone or email.

You can also **reach us by telephone** at 1-866 4 US WAGE (1-866-487-9243), Monday to Friday 8:00 a.m. to 4:30 p.m. local time. Hours vary by region.

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

An (\*) indicates a required field.

## How can the Wage and Hour Division assist you?\*

|   |  |                                    |
|---|--|------------------------------------|
| <input type="radio"/> I have a question | <input type="radio"/> I have a potential complaint | <input type="radio"/> I don't know |
|---|--|------------------------------------|

## Tell Us About Yourself

Please select the option that best applies to you.\*

|  |
|--|
| <input type="radio"/> I am a current or former worker.               |
| <input type="radio"/> I am a parent, child, or relative of a worker. |
| <input type="radio"/> Other  |
| <input type="radio"/> I do not wish to provide.                      |

## Do you know your employer's zip code?\*

|                                      |                          |
|--------------------------------------|--------------------------|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|--------------------------------------|--------------------------|

## Please select the option(s) that best applies to your inquiry.\*

### Child Labor

|  |
|--|
| <input type="checkbox"/> I think someone is employing children unlawfully. |
|--|

### Wages and Hours

|   |
|---|
| <input type="checkbox"/> I didn't get paid for the time I worked or didn't get my last paycheck.            |
| <input type="checkbox"/> I wasn't paid extra for working over 40 hours in week.                             |
| <input type="checkbox"/> I think my employer is incorrectly garnishing my wages.                            |
| <input type="checkbox"/> My employer didn't give me a pay stub or isn't keeping records of my hours or pay. |

### Leave and Breaks

|   |
|---|
| <input type="checkbox"/> I have questions or concerns about family or medical leave.                          |
| <input type="checkbox"/> My employer doesn't provide breaks for nursing employees to pump breastmilk at work. |
| <input type="checkbox"/> I have questions or concerns about vacation, holiday, or sick pay.                   |

My employer doesn't provide meal or rest breaks.

## Unemployment and Workers' Compensation

I have questions about unemployment benefits.

I have questions about workers' compensation benefits.

## Other

I think my employer misclassified me as an independent contractor.

I think my employer retaliated against me.

I have questions or concerns about working on a federal government contract.

I have questions or concerns about temporary work visas.

I have questions or concerns about agricultural employment.

I have a different issue that is not listed here.

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## Contact Information

We may need to reach out to you for more information. All discussions with the Wage and Hour Division are confidential. The following information is requested:

First Name\*

Last Name\*

Please select your Country

United States

Address

City

State

State

Zip Code

Telephone Number\*

Email Address\*

**No phone or email**

I do not have a telephone

I do not have an email address

Preferred Language

English

Best time to reach you:

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Please describe your question or concern in detail.

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How did you hear about us?

US DOL Office/Employee

Publications/Media

|   |  |
|---|--|
| <input type="radio"/> Website - US DOL                | <input type="radio"/> Social Media             |
| <input type="radio"/> Website - Search Engine         | <input type="radio"/> Poster                   |
| <input type="radio"/> Federal Office Non-US DOL       | <input type="radio"/> Other                    |
| <input type="radio"/> Word of Mouth                   | <input type="radio"/> I do not wish to provide |
| <input type="radio"/> State DOL Office/Local Resource |  |

Submit Form

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**Paperwork Reduction Act Statement-** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department estimates respondents spend approximately 10 minutes providing information to the agency to complete this collection of information, including the time to review instructions, search existing data sources, gather, and maintain the data needed, and complete and review the collection of information. The obligation to respond to this collection is voluntary. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S3502, 200 Constitution Avenue NW, Washington, D.C. 20210