

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 checked="" 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.

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:

I do not wish to provide my contact information.

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:

Tell Us About Your Employer

Please provide us with any available information. All fields below are optional.

Name of the organization

Address

City

State

Zip Code

Telephone Number

Name of Owner, Manager, or Contact Person

Email Address for Owner, Manager, or Contact Person

What type of organization is it? (e.g. farm, restaurant, construction, etc.)

How many locations or job sites does the organization have?

Approximately how many people work for the organization in total?

Child Labor Details and Information

Please provide the following information about children working (if known):

How many children work for the organization?

If children are not currently working for the organization, when was the last approximate date that they worked?

Names, ages, and job duties of children

**Full
Name**

**Approx.
Age**

**Job
Duties**

Add Another Person

Names of schools where they attend

What time do they typically start and stop working each day? What days of the week do they typically work?

What types of machinery, tools, or equipment do children use at work?

Were any children injured at work? If so, please describe

Please list any languages (other than English) spoken by the children

Please describe your question or concern in detail.

How did you hear about us?

<input type="radio"/> US DOL Office/Employee
<input type="radio"/> Website - US DOL
<input type="radio"/> Website - Search Engine
<input type="radio"/> Federal Office Non-US DOL
<input type="radio"/> Word of Mouth
<input type="radio"/> State DOL Office/Local Resource

<input type="radio"/> Publications/Media
<input type="radio"/> Social Media
<input type="radio"/> Poster
<input type="radio"/> Other
<input type="radio"/> I do not wish to provide

Submit Form

OMB Control Number 1235-0021
Expiration: 05/31/2027

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