

NJ Dept. of Labor & Workforce Development
 Division of Wage and Hour Compliance
 PO Box 389
 Trenton, NJ 08625-0389

Tel. (609) 292-2305
 Fax (609) 695-1174
 wage.hour@dol.state.nj.us

OFFICIAL USE ONLY:

Claim# _____ Empl# _____
 Field___ IBM___ WC___ No Jurisdiction___
 Field Rpt# _____
 Case# _____

B9K >9 G9M/SELECTED LABOR LAWS – COMPLAINT FORM MW-31C

DO NOT USE THIS FORM IF YOU HAVE A WAGE CLAIM – Use Form MW-31A Wage Claim

The Division of Wage and Hour Compliance does not investigate the legal status of any worker. We apply New Jersey's labor laws.

Instructions: Complete both sides of this form and answer all questions. Type or print legibly. Attach any documents that support your claim. Mail or fax all documents to the address at the top of this page.

For more information about filing a claim, visit www.nj.gov/labor. Click on Wage & Hour and go to the section on "File a Claim."

Filing by e-mail: You may file your claim electronically by sending an e-mail to Wage & Hour and attaching this completed document in Adobe Portable Document Format (PDF) format. If you file by e-mail, scan all your supporting documents into PDF format, and attach the PDF(s) to your e-mail.

Filing Anonymously: The business in question has the right, under the Open Public Records Act (OPRA), to see all information on this claim. If you want to file an anonymous claim, write "ANONYMOUS" in the name section and leave the address blank. Provide as much information as you can without revealing personal details. Mail or fax your claim. If you want to remain anonymous, do NOT send your claim by e-mail.

Claimant Information

1. First Name	Last Name	M.I.	3. Daytime Telephone No.
2. Mailing Address	Floor / Apt. No.		4. Cell / Alternate Telephone No.
City	State	ZIP Code	5. Social Security No. <i>(if you prefer, leave blank)</i>

6. Is a third party *(such as an attorney, agency, or legal service)* submitting this claim as your representative or agent?
 Yes If yes, answer items #7 - 11. No If no, go to item #12.

7. Name of Person, Agency or Service	9. Third Party Telephone No.		
8. Mailing Address	10. Fax No.		
City	State	ZIP Code	11. e-mail

Business Information

12. Business Name	15. Business Telephone No.			
13. Business <u>Street</u> Address <i>(not a P.O. Box)</i>	16. Fax No.			
City	State	ZIP Code	County	17. e-mail
14. Business Mailing Address <i>(if different from street address)</i>	18. Name & Title of Contact Person			
City	State	ZIP Code	19. Contact Telephone No.	

Selected Labor Laws – Complaint Details

20. Explain why you believe the business in item #12 violated the law. Attach any documents that support your complaint.

- Ban the Box – Opportunity to Compete for Persons with Criminal Records N.J.S.A. 34:6B-11 et seq.
- Unemployed Need Not Apply – Prohibited Job Advertisements N.J.S.A. 34:8B-1 et seq.
- Health Benefits – Notice Required by Employer of Change N.J.S.A. 34:11A-16 et seq.
- Records Required Relative to Collection, Transportation of Solid Waste N.J.S.A. 34:11-68
- Electronic Communications Device N.J.S.A. 34:6B-5 et seq.
- Other – Please explain.

21. I understand that the business has the right, under the Open Public Records Act (OPRA), to request all information on this claim. (If you are filing anonymously, you are not required to sign below.)

Signature

Date

Signature of Parent or Guardian (required if claimant is under 18 years old)

Date