



Date: ___/___/___
 Mo Day Yr

Case Number: _____

CLAIMANT INFORMATION

Name _____
Last First Middle Initial

Phone (_____) _____
Area Code

Address _____
Street Address or Box Number

Email _____

City _____ County _____

Date of: Employment ___/___/___
Mo Day Yr

State _____ Zip _____

Separation ___/___/___
Mo Day Yr

Discharged ___ Quit ___ Still Working ___

EMPLOYER INFORMATION

Company _____

Phone (_____) _____
Area Code

Contact Person _____

Email _____

Address _____
Street Address or Box Number

Title _____

City _____ County _____

Type of Business _____

State _____ Zip _____

Number of Employees _____

ADDITIONAL INFORMATION

CLAIM INFORMATION

Employee Occupation _____

BASIS OF CLAIM

Rate of Pay: \$ _____ per _____

Wages _____ Vacation _____ Commission _____

Other: _____

Bad Check _____ Other _____

Deductions: Yes _____ No _____

UNPAID TIME WORKED: Hours _____

Fed. _____ State _____ FICA _____ Other _____

Dates _____

PAY PERIOD

ADVANCE/Setoff: Yes _____ No _____ Amt \$ _____

Weekly _____ Bi-weekly _____

Net amount owed by employer: _____

Monthly _____ By the job or other _____

CLAIMANT REQUESTED WAGES: Yes _____ No _____

SPECIFIC PAYDAY: _____

Date: _____

SPECIFIC PAY DATE: _____

From Whom: _____

Time & Place of Payment: _____

CLAIMANT RECEIVED WRITTEN NOTIFICATION AS

Where work performed: _____

REQUIRED BY 41-10-30 (A) Yes _____ No _____

Investigator _____

Claimant's Signature _____ Date _____

THE DEPARTMENT OF LABOR DOES NOT HAVE THE AUTHORITY TO COLLECT YOUR WAGES OR MAKE AN EMPLOYER PAY YOU.

YOU MAY RECOVER UNPAID WAGES BY BRINGING LEGAL ACTION AGAINST YOUR EMPLOYER BY FILING IN THE COURTS WITH REFERENCE TO SECTION 41-10-80(C) OF THE SOUTH CAROLINA PAYMENT OF WAGES LAW.

CONTACT THE MAGISTRATE OFFICE IN THE COUNTY IN WHICH YOU WORKED.

SECTION 41-10-80(C) OF THE PAYMENT OF WAGES LAW STATES:

IN CASE OF ANY FAILURE TO PAY WAGES DUE TO AN EMPLOYEE AS REQUIRED BY SUBSECTION 41-10-40 OR 41-10-50 THE EMPLOYEE MAY RECOVER IN A CIVIL ACTION AN AMOUNT EQUAL TO THREE TIMES THE FULL AMOUNT OF THE UNPAID WAGES, PLUS COSTS AND REASONABLE ATTORNEY'S FEES AS THE COURT MAY ALLOW. ANY CIVIL ACTION FOR THE RECOVERY OF WAGES MUST BE COMMENCED WITHIN THREE YEARS AFTER THE WAGES BECOME DUE.

THE DEPARTMENT OF LABOR INVESTIGATES COMPANIES TO DETERMINE IF THEY ARE COMPLYING WITH THE S.C. PAYMENT OF WAGES LAW. IF WE FIND VIOLATIONS OF THE LAW WE WILL ISSUE SANCTIONS AS AUTHORIZED BY LAW.

Instructions for completing Wage Complaint Form

- 1) Date: LEAVE BLANK. This will be completed by this office.
- 2) Case Number. LEAVE BLANK. This will be completed by this office.

CLAIMANT INFORMATION:

- 3) Name: Enter your full name (Last, First, Middle Initial)
- 4) Address: Enter your street address. Include mailing address if different from street address.
- 5) City: Enter the city you live in.
- 6) County: Enter the county you live in.
- 7) State: Enter the state you live in.
- 8) Zip: Enter the zip code for the city you live in.
- 9) Phone: Enter telephone number(s) to reach you if needed. (Home, work, mobile, etc)
- 10) SSN: Enter your Social Security Number.
- 11) Date of Employment: Enter the Date you were hired.
- 12) Date of Separation: Enter the date you last worked.
- 13) Discharged: Check if you were discharged/terminated.
- 14) Quit: Check if you voluntarily quit.
- 15) Still Working: Check if you are still working

EMPLOYER INFORMATION

- 16) Company: Enter the full legal name of the employer you are filing the complaint against.
- 17) Contact Person: Enter the full name of the person we can contact for information regarding the complaint
- 18) Address: Enter the Company's street address. Include mailing address if different from street address.

- 19) City: Enter the city where the company is located
- 20) County: Enter the county where the company is located.
- 21) State: Enter the state where the company is located.
- 22) Zip: Enter the zip code for the city where the company is located.
- 23) Phone: Enter a telephone number for the company contact person you named.
- 24) Title: Enter the title/position of contact person for the company.
- 25) Type of Business: Enter the company's business type. (Construction, fast food, auto repair, etc).
- 26) Number of employees: Enter the total number of employees the company has at location you worked at.

ADDITIONAL INFORMATION: Enter any additional information you feel will help the investigator in his/her investigation. Enter the name, address and telephone number of the company's corporate office, if known, in this section.

- 27) Employee Occupation: Enter your job title/position title with the company. (Carpenter, cashier, etc.).
- 28) Rate of Pay: Enter the dollar amount paid per hour or per week or per year.
- 29) Other: Enter additional information relating to rate of pay.
- 30) Deduction: Check "yes" if deductions are being taken out of your wages, and check which taxes are being deducted. Check "no" if there are no deductions, including taxes, being taken out of your wages.
- 31) PAY PERIOD. Check Weekly (if paid once a week); Monthly (if paid once a month); Bi-Weekly (if paid every two weeks); By the job or other: Enter how you are being paid (By the job, by the day, etc.).
- 32) Specific Payday: Enter the day of the week you should have received your wages.
- 33) Specific Pay Date: Enter the calendar date you should have been paid your wages.
- 34) Time & Place of Payment: Enter the time and place you should have received your wages.
(Example: 2 PM at office (or) morning at jobsite (or) between 11 AM and 1 PM at store, etc.)
- 35) Where work performed: Enter location where work was performed.
- 36) Investigator: LEAVE BLANK. (To be filled in by Investigator).
- 37) BASIS OF CLAIM: Check one of the following:
Wages, Vacation, Commissions, Bad Check, Other (explain: Reduction in wages, unauthorized deduction, etc).
- 38) Unpaid Time worked: Hours: Enter total hours of unpaid work time.
- 39) Dates: Enter time period during which unpaid hours were worked. (Example: 4/1/01 thru 4/7/01)
- 40) Advance/Set Off: Check "yes" if you owe the company money. Check "no" if you do not owe company money. (if money is owed to company, enter the amount).
- 41) Claimant Requested Wages: Did you request your wages from your employer: Check "yes" or "no"
- 42) Date: Enter date you requested your wages from your employer.
- 43) From whom: Enter name of person from whom you requested your wages.
- 44) Claimant Received Written Notification As Required by 41-10-30(A): Check "yes" if terms of employment were received. Check "no" if terms of employment were not received.
- 45) Sign and date complaint.

THE CLAIMS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BEFORE IT CAN BE INVESTIGATED.

Upon Completion, mail the complaint form to:
S.C. Department of Labor, Licensing and Regulation
P.O. Box 11329
Columbia, SC 29211-1329