

## WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard, East  
State Capitol Complex - Building 3, Room 200 Charleston, WV 25305

Email: WageandHour@wv.gov

Main: 304.558.7890

### REQUEST FOR ASSISTANCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a Present Employee: \_\_\_\_\_

Former Employee: \_\_\_\_\_

Other: \_\_\_\_\_

If Other, please give a brief explanation: \_\_\_\_\_

Name of Person or Firm to be Investigated: \_\_\_\_\_

Address of Main Business Office: \_\_\_\_\_

Address or Location Where Work was Performed: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business - Construction, Mining, Retail, Restaurant, etc: \_\_\_\_\_

Job Title: \_\_\_\_\_

Give a brief description  
of the work performed:

What is your Complaint?:

Please give a description of the item you  
want the Division of Labor to Investigate:  
(attach additional pages if needed)

What amount of Wages and/or Fringe Benefits are you claiming is due?: \_\_\_\_\_

I agree that the electronic entry of my name below represents my signature and authorization  
for the filing of this complaint against my employer.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_