

WEST VIRGINIA DIVISION OF LABOR

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

Email: WageandHour@wv.gov

Fax: 304.558.3797

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 description: _____

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 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: _____