

NJ Dept. of Labor & Workforce Development
 Division of Wage & Hour Compliance
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OFFICIAL USE ONLY:

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

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 equally to all workers, regardless of legal status. We do not share information with U.S. Citizenship & Immigration Services.

Instructions: You may file your claim online or by mail.

To file online visit www.nj.gov/labor, click on Wage & Hour and then click on File a Wage Claim. When you file online you will be given the option to attach documents that support your claim.

To file your claim by mail, 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.

Filing Anonymously: In general, the public has the right, under the Open Public Records Act (OPRA), to see most information kept as part of any public record however, New Jersey Department of Labor and Workforce Development will endeavor to protect the confidentiality of a complainant or a witness to the maximum extent allowable by law. You may file an anonymous claim if you so choose, but then neither you nor anyone else will receive any information about the claim. To file an anonymous claim, write "ANONYMOUS" in the Claimant section of this form and leave the address blank. Without revealing personal details, provide as much information as you can about the business and the reason you are filing a claim. Mail or fax your claim.

Claimant Information

1. First Name	Last Name	M.I.	3. Phone No. ()
2. Mailing Address	Floor / Apt. No.		4. Alternate Phone 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 Phone No. ()
8. Mailing Address	10. Fax No. ()
City	State ZIP Code
11. Email	

Business Information

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

