



## Wage Payment Complaint Form

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

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

.....

Paycheck Date: \_\_\_\_\_

Please explain your wage payment complaint providing details to include dates and hours worked.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this form to Human Resources.*