



Complaint Form

Maryland Division of Labor and Industry
Office of the Commissioner
410-767-2992

Reference Number _____

Claim Number _____

Personal Information:

I understand that this form will be sent to the respondent for his/her reply to the claim made below.

Name: _____ SSN: _____
First Middle Initial Last Name

Address: _____
Street City State Zip Code

Day Telephone: _____ Email Address: _____

Information regarding claim:

Please explain the circumstances related to the money that is owed? _____

Yes No Unk.

Did you ask the Agency for your payment?
If yes, on what date did you ask? _____
What reason did the agency give for not paying you? _____
Who is the contact person at the agency? _____

Are you being represented by an attorney in this matter? **Attorney Name:** _____

Is your claim under consideration by Grievance, Arbitration, Government Agency, Court or by Another State?

Do you owe the agency any money? If yes, Why? _____ How much? _____

DLI Home Page: <http://www.dllr.state.md.us/labor>

E-mail: dli@dllr.state.md.us

Employment Agency Information:

Company's Name: _____ Telephone: _____

Address: _____
Street City State Zip

Owner's Name: _____ Person in Charge: _____

Owner's Address: _____
Street City State Zip

Type of Business: _____

I AUTHORIZE THE COMMISSIONER OF LABOR AND INDUSTRY OR THE COMMISSIONER'S DESIGNEE TO RECEIVE, ENDORSE MY NAME ON, AND DEPOSIT IN THE ACCOUNT OF THE COMMISSIONER OF LABOR AND INDUSTRY ANY CHECKS OR MONEY ORDERS MADE OUT TO ME AS PAYMENT ON THIS CLAIM. I UNDERSTAND THAT I WILL BE ISSUED A CHECK FROM THE STATE OF MARYLAND REPRESENTING THIS AMOUNT. THE AMOUNT OF THE CHECK MAY BE REDUCED BY ANY OUTSTANDING STATE DEBT I OWED, SUCH AS PAST DUE CHILD SUPPORT OR, STATE INCOME TAXES. ETC.

I hereby certify that the above statements are true.

Signature _____ Date _____

Original Signature required (no photocopied signature accepted) mail to completed form to:
DLI Commissioner, 1100 N. Eutaw Street, Room 604, Baltimore, MD 21201