



# Discriminatory Wage Claim Form

Oklahoma Department of Labor

[www.oklahoma.gov/labor](http://www.oklahoma.gov/labor)

Oklahoma Department of Labor

ATTN: ESD, Wage & Hour Unit

409 NE 28<sup>th</sup> St, 3<sup>rd</sup> FL.

Oklahoma City, OK 73105

405.521.6100

888.269.5353

**Please read instructions on the last page before completing form.**

1. YOUR NAME	AGE	GENDER	DATE
2. HOME TELEPHONE	CELL#	YOUR EMAIL	
3. YOUR STREET ADDRESS	CITY	STATE	ZIP CODE
4. CLAIM FILED AGAINST (Business Name)	OWNER/MANAGER	BUSINESS TELEPHONE	
5. BUSINESS ADDRESS	CITY	STATE	ZIP CODE
6. TYPE OF BUSINESS	DESCRIBE WORK PERFORMED		
7. BUSINESS FILED BANKRUPTCY? Yes ( ) No ( )	CASE NO.:	ARE YOU AN INDEPENDENT CONTRACTOR? Yes ( ) No ( )	
8. ADDRESS WHERE WORK WAS PERFORMED:	Street	City	County
9. WERE TAXES DEDUCTED FROM YOUR WAGES? Yes ( ) NO ( )	EMPLOYMENT DATES	From: MM/DD/YY To: MM/DD/YY	
10. ARE YOU A MEMBER OF A UNION? Yes ( ) No ( )	HAVE YOU SIGNED AN ARBITRATION AGREEMENT? Yes ( ) No ( )		
11. BUSINESS STILL OPEN? Yes ( ) No ( )	WERE REGULAR WORKING HOURS SET? Yes ( ) No ( )		
12. DID YOU AUTHORIZE DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC.? Yes ( ) No ( ) IF YES, WHAT DEDUCTIONS?			
13. DID YOU RECEIVE A PAYSTUB FROM YOUR EMPLOYER SHOWING ALL DEDUCTIONS FROM YOUR WAGES? Yes ( ) No ( )			
14. WHO HIRED YOU?	WAS EMPLOYMENT AGREEMENT: Oral ( ) Written ( ) If written, attach copy to claim form.		
15. DO YOU HAVE ANY OF THE EMPLOYER'S PROPERTY? Yes ( ) No ( )	HAVE YOU ASKED FOR YOUR WAGES? Yes ( ) NO ( )		
16. WERE YOU PAID WITH INSUFFICIENT CHECK(S)? Yes ( ) No ( )	IS AMOUNT INCLUDED IN CLAIMED TOTAL? Yes ( ) No ( )		
17. SALARY OR HOURLY RATE OF PAY (Examples: \$7.25 per hour, 20% commission)	REGULARLY SCHEDULE PAYDATES Weekly Bi-Weekly Monthly Bi-Monthly Other (Specify)		
18. ARE YOU RELATED TO YOUR EMPLOYER? Yes ( ) No ( )	IF YES, WHAT IS YOUR RELATIONSHIP?		
19. REASON GIVEN BY EMPLOYER FOR NON-PAYMENT OF WAGES	DO YOU OWE MONEY TO YOUR EMPLOYER? Yes ( ) No ( )		
20. HAVE YOU RETAINED AN ATTORNEY? Yes ( ) No ( ) If yes, please provide attorney's name, address, and telephone number.			
21. HAVE YOU FILED IN CIVIL COURT? Yes ( ) No ( ) If yes, please provide case number.			

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22. WHAT WORK DID YOU PERFORM FOR YOUR EMPLOYER?

23. DID EMPLOYEES OF THE OPPOSITE SEX PERFORM WORK COMPARABLE TO WORK YOU PERFORMED? Yes ( ) No ( )

24. IF YOU ANSWERED YES TO NO. 23, WERE THOSE EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( )

25. IF YOU ANSWERED YES TO NO. 24, HOW MUCH MORE WERE THOSE EMPLOYEES PAID THAN YOU, IF YOU KNOW:

26. IF YOU ANSWERED YES TO NO. 23, PLEASE LIST THOSE EMPLOYEES' NAMES AND CONTACT INFORMATION BELOW:

NAME: _____	CONTACT: _____
NAME: _____	CONTACT: _____
NAME: _____	CONTACT: _____
NAME: _____	CONTACT: _____

27. DO YOU POSSESS COMPARABLE SKILLS TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

28. DO YOU POSSESS COMPARABLE EDUCATION TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

29. DO YOU POSSESS COMPARABLE TRAINING TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

30. DO YOU POSSESS COMPARABLE EXPERIENCE TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

31. DID YOU MAKE COMPARABLE EFFORTS TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

32. WAS YOUR WORK OF COMPARABLE QUANTITY TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

33. WAS YOUR WORK OF COMPARABLE QUALITY TO EMPLOYERS PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

34. DID YOU HAVE COMPARABLE RESPONSIBILITIES TO EMPLOYEES PAID MORE THAN YOU? Yes ( ) No ( ) Uncertain ( )

35. DID YOUR EMPLOYER HAVE A SENIORITY SYSTEM FOR PAYMENT OF WAGES? Yes ( ) No ( ) Uncertain ( )

36. DID YOUR EMPLOYER HAVE A MERIT SYSTEM FOR PAYMENT OF WAGES? Yes ( ) No ( ) Uncertain ( )

37. DID YOUR EMPLOYER HAVE REASON, OTHER THAN YOUR SEX, TO PAY YOU LESS THAN OTHERS? Yes ( ) No ( ) Uncertain ( )

38. GROSS AMOUNT OF CLAIM (before taxes): (If more than one type of wage is due, fill in each amount AND attach documents.)

a. \$ _____	Regular
b. \$ _____	Commission
c. \$ _____	Minimum Wage
d. \$ _____	Benefit
e. \$ _____	Deduction
f. \$ _____	Overtime
g. \$ _____	Miscellaneous
<b>\$ _____</b>	<b>TOTAL CLAIM</b>

USE THIS SPACE TO EXPLAIN CLAIM INCLUDING DATES AND AMOUNTS:

Date(s) wages were due (MM/DD/YY): \_\_\_\_\_

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

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# Instructions for Completing Discriminatory Wage Claim Form

It is the duty of the Commissioner of Labor and the Oklahoma Department of Labor (“ODOL”) to foster, promote, develop, and advance the welfare and profitable employment opportunities for all Oklahoma wage earners, irrespective of their sex or gender. The ODOL carries into effect all laws in relation to labor enacted by the Oklahoma Legislature to which responsibility is assigned to the Commissioner of Labor, irrespective of sex or gender. The ODOL will investigate the validity of discriminatory wage claims and, if warranted, issue administrative orders demanding payment on behalf of Oklahoma wage earners. For more information about Oklahoma wage laws, access the ODOL website at [www.oklahoma.gov/labor](http://www.oklahoma.gov/labor).

● *This form may be completed by hand or through electronic means (i.e., typed). Please attach any additional documents, including additional written explanation, if needed.*

● *If you need accommodations to complete this form, please contact the ODOL at (405) 521-6592, or (405) 521-6100, and ask for the Wage & Hour Unit. SEE [www.oklahoma.gov/labor.html](http://www.oklahoma.gov/labor.html)*

● Please accurately and fully complete ALL required fields of this form to the best of your ability and knowledge.

● Please provide current contact information (address, phone, email) for yourself and, if able, your employer(s).

● Please provide the TOTAL AMOUNT OF GROSS WAGES (i.e., before tax withholdings), if able, you believe you are due within the area provided on the bottom of the second page of this form.

● Please provide a complete list of the dates and times you worked and were not fully and properly compensated, if able.

● Please provide a detailed description of the circumstances surrounding your claim for unpaid and/or underpaid wages.

● Please provide a copy of your most recent paystub and any other documentation supportive of your claim, particularly documentation of your agreed compensation rate, regular work periods, regular pay dates, and length of employment with this employer(s).

● *If you have access, please provide copies of documentation establishing the pay information for employees identified in Question No. 23 above.*

● If you are filing for benefits, such as PTO (paid time off), vacation leave, sick leave, commissions, and/or bonuses, in addition to unpaid or underpaid wages, please provide a copy of your employer(s)' written policies, employment handbook, and/or employment agreement(s) verifying you met any eligibility requirements, pay structures, accrual rates, or any other conditions precedent, if able.

● NOTE: The ODOL may NOT accept the claim of any person who: has an ownership, partnership, or joint-venture interest in the business with which there is a dispute; or is an independent contractor; or is a volunteer. SEE Okla. Admin. Code 380:30-1-2.

● NOTE: The ODOL may NOT accept a claim LIMITED to unpaid and/or underpaid overtime premiums and/or earned tips because such forms of compensation are controlled exclusively by federal Fair Labor Standards Act (“FLSA”) of 1938. Such claims should be directed to the U. S. Department of Labor at (405) 231-4158.

● This form **must be signed, or it will be returned** causing a delay in processing. You can personally return or mail your completed discriminatory claim form to:

**Oklahoma Department of Labor, ATTN: ESD, Wage & Hour Unit  
409 NE 28<sup>th</sup> St, 3<sup>rd</sup> FL, Oklahoma City, OK 73105-5212**

● Your employer will be notified via U.S. Mail, postage prepaid, of your claim and will be requested to respond in writing within fifteen (15) calendar days of its receipt, unless granted an extension for extraordinary circumstances.

● If you are comfortable doing so, you are encouraged to approach your employer(s) to ask about payment of these claimed wages. It is a misdemeanor for your employer(s), or agent(s), to discharge, penalize, or in any manner discriminate against you for inquiring about unpaid and/or underpaid wages or filing this complaint. SEE Title 40, Oklahoma Statutes, Section 199.

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