NJ Dept. of Labor & Workforce Development Division of Wage & Hour Compliance PO Box 389 Trenton, NJ 08625-0389 P: (609) 292-2305 F: (609) 695-1174 wage.hour@dol.nj.gov 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. (if you prefer, leave blank)				
6 .	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 - 7	11. 🗖 No If no, g	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 Street Address (not a PO B	lox)		16. Fax No.				
				()				
	City	State ZIP	Code County	17. Email				
14.	Business Mailing Address (if differen	t from street address)		18. Name & Title of Contact Person				
	City	State	ZIP Code	19. Contact Phone No.				

	Selected Labor Laws – Complaint	Details		
0. Explain why you believe the business in item #12 violated the law. Attach any documents that support your complaint.				
	Ban the Box – Opportunity to Compete for Persons with Criminal Records	N.J.S.A. 34:6B-11 et seq.		
	Unemployed Need Not Apply – Prohibited Job Advertisements	N.J.S.A. 34:8B-1 et seq.		
	Health Benefits – Notice Required by Employer of Change	N.J.S.A. 34:11A-16 et seq.		
	Records Required In Relation to Collection, Transportation of Solid Waste	N.J.S.A. 34:11-68		
	Electronic Communications Device – Prohibited Employer Access to Personal Accounts	N.J.S.A. 34:6B-5 et seq.		
	COVID-19 Public Health and State Emergencies – During the Public Health Emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020 concerning the coronavirus disease 2019 (COVID-19) pandemic, were you terminated, retaliated against, or otherwise penalized for taking time off from work based on the recommendation of a medical professional licensed in the State of New Jersey, because you had or were likely to have, an infectious disease which may infect others at your workplace.	P.L. 2020, c. 9		
	Other – Please explain.			
pul a v	nderstand that in general, the public has the right, under the Open Public Records Act (OPR plic record however, New Jersey Department of Labor and Workforce Development will ender itness to the maximum extent allowable by law. you are filing anonymously, you are not required to sign below.)	A), to request most information kept as part of any eavor to protect the confidentiality of a complainant or		
Się	nature	Date		
Się	nature of Parent or Guardian (required if claimant is under 18 years old)			
lf	under 18, give age and date of birth	Date		