Paystub Protection Act Complaint

PLEASE COMPLETE THIS FORM WITH AS MUCH INFORMATION AS POSSIBLE. INCOMPLETE FORMS DO NOT ALLOW A COMPLETE INVESTIGATION. BEFORE FILLING OUT THIS COMPLAINT, PLEASE BE PREPARED TO PROVIDE A COPY OF THE REQUEST THAT YOU ORIGINALLY MADE TO YOUR EMPLOYER TO OBTAIN YOUR PAYSTUB.	**DO NOT WRITE IN THIS AREA**	
	Case #	Approval
	County	Investigator
	Comments:	

Name		Address		
City	State OH	Zip	County	Telephone
Type of Business		Number of Employees		
Is the business still operating? ○ Yes ○ No		Approximate Dates of Employment:		

Employee Information

Name		Address		
City	State	Zip	County	Telephone

Original Request Information

Date of Original Request of Paystub:	Written Request Submitted By: ◉ Email ○ Letter

Signature & Further Directions (Complaints will be returned if not complete & signed)

EVERY COMPLAINT FILED MUST INCLUDE A COPY OF THE ORIGINAL REQUEST, INCLUDING A DATE THAT THE REQUEST WAS MADE.

Please submit a copy of the original request with this completed form. Forms that are submitted without proof of the original request will be rejected and not investigated.

I hereby certify that this is a true statement to the best of my knowledge and belief.

_____

Signature Date

Return via Mail, Email, or Fax To:

Ohio Department of Commerce - Bureau of Wage and Hour
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, OH 43068-9009

Office: 614-644-2239
Fax: 614-728-8639

Email: wagehour@com.ohio.gov