



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR WSD-1.387-388 Complaint Form

Chapter 387, Wage and Hour Law

Chapter 388, Payment of Wages and Other Compensation Law

Instructions

Please completely fill out the WSD-1.387-388 Complaint Form.

The Delivery Information section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

If available, attach a copy of your most recent pay statement. If we do not receive the required forms, the processing of your complaint may be delayed. You may include copies of any documents, records, pay statements, checks, etc. to support your complaint.

Delivery Information

Delivery by U.S. Mail or In Person. Complaints may not be filed by fax.
Department of Labor and Industrial Relations, Wage Standards Division

Oahu	830 Punchbowl Street, Rm. 340; Honolulu, HI 96813	Phone: (808) 586-8777
Hilo	State Building, 75 Aupuni Street; Rm. 108; Hilo, HI 96720	Phone: (808) 974-6464
Kauai	3060 Eiwa Street, Rm. 202; Lihue, HI 96766	Phone: (808) 274-3351
Maui	2264 Aupuni Street; Wailuku, HI 96793	Phone: (808) 984-2075
West Hawaii (Kona)	Post Office Building; P.O. Box 49; Kealahou, HI 96750	Phone: (808) 322-4808



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION
WSD-1.387 388 COMPLAINT FORM
Chapter 387, Wages and Hour Law
Chapter 388, Payment of Wages and Other Compensation Law

Complainant Information: Please print or type

1. Name (Last, First Middle Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			2. Last four digits of Social Security No. XXX - XX - _____		
3. Address			City	State	Zip Code
4. Phone ()	Cell Phone ()	Email Address			
5. Type and Title of Work Performed					
6. Employment Status <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged					
7. If No Longer Employed, Reason					
8. Date(s)/Period of Employment		From		To	
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Union:					

Employer Information:

10. Business Name					
11. Address			City	State	Zip Code
12. Phone ()	Fax ()		Cell ()		
13. Name and Title of Owner or Person in Charge					
14. Nature of Business					

FOR OFFICE USE ONLY			Law				
Date Received			ICB				
			CS				
Taken by		DOL #:	IS1		IS2		
	H K M WH		HB			No.	

WSD-1.387-388 COMPLAINT FORM

Page 2 of 2

Complaint Information:

15. Alleged violation(s)	
<input type="checkbox"/> Minimum Wage	<input type="checkbox"/> Overtime
<input type="checkbox"/> Pay Statement	<input type="checkbox"/> Illegal Deduction
<input type="checkbox"/> Unpaid Vacation, Holiday, Sick Leave Pay	
16. a. Have you made a demand for back wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If yes, the name of the person you asked?
c. Date you asked for the wages:	d. Reason given for non-payment:
17. a. Rate of pay:	b. If tipped occupation, did employer use tip credit?
18. Pay period (for example, 15th and end of month):	19. Paydays (for example, 20th and 5th):
20. a. Normally scheduled hours and days of work:	b. Actual hours worked each work week:
21. a. What is the employer's approximate annual gross revenue?	b. If annual revenue not known, how many locations and workers does the employer have?
22. Give a brief statement of the wages owed: (e.g. If overtime, "Paid straight time for all hours" or "No pay for overtime hours worked":	
23. Period of unpaid wages:	24. Rate(s) of pay during period of claim:
25. Total hours claimed:	26. Total wages claimed:
27. Less payments and recognized offsets against wages (other than taxes):	28. Balance claimed:

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my claim.

Date: _____ Signature of Complainant: _____

☐ Check if under 18 years old

Visit our Website at www.labor.hawaii.gov for ALL interactive and downloadable forms.

(Rev. 1/13)