



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-1.390 COMPLAINT FORM

Chapter 390, Child Labor Law

Instructions

Please completely fill out the WSD-1.390 Complaint Form.

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

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, check, etc. to support your complaint.

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

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



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WSD-1.390 COMPLAINT FORM
Chapter 390, Child Labor 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 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 Phone ()	
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-1.390 COMPLAINT FORM

Page 2 of 2

Statement of Facts (Briefly explain pertinent facts of the alleged violation):

1. Birth date and/or age of minor(s):

2. Name of parent or guardian (if known):

3. Address of minor (if known):

4. Occupation of minor:

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