



Commonwealth of the Northern Mariana Islands

Department of Labor

Administrative Hearing Office

Building # 1357 Capitol Hill, Caller Box 10007, Saipan MP 96950

Telephone No.: (670) 664-3195; Fax No. (670) 664-3194

www.marianaslabor.net

hearing@dol.gov.mp

Intake and Complaint Packet

Requested Documents

The following documents are requested for processing so the Administrative Hearing Office can determine the legal names of the parties, identify the registered agent for service of process, and serve parties with notices and orders. In order for the Administrative Hearing Office to fully process your complaint, complete and accurate information is requested. Failure to obtain the requested information may result in delays in processing or service for failure to identify the correct respondent or failure to locate the respondent.

1. Copy of your government issued photo ID
2. Map and written directions to your place of residence
3. Copy of business license

(Note: A copy of this document may be obtained at the Division of Revenue and Tax, CNMI Department of Finance for a nominal copy fee)

4. Copy of Annual Corporation Report, if any

(Note: A copy of this document may be obtained at the Office of the Registrar of Corporation, CNMI Department of Commerce for a nominal copy fee)

5. Map and written directions to business establishment
6. Copy of job vacancy announcement, if any
7. Copy of Employment Contract, if any

Complaint Fee

Pursuant to NMIAC § 80-20.1-635, filing a complaint with the Hearing Office is \$20 per person. All fees are nonrefundable and nontransferable except as provided by law. Indigent complainants may file an in forma pauperis request and, if granted, will not be required to pay a filing fee. A complainant who files in forma pauperis and is later found not to qualify for that status may be ordered to pay the filing fee.

I can pay the complaint fee.

I have a financial hardship and will submit a request to proceed in forma pauperis.

A. Complainant Information

1. Full Legal Name (see government-issued photo ID)

2. Date of Birth (MM/DD/YY)

3. Sex (M/F)

4. Citizenship/Status

5. Nationality/Place of Origin

6. Mailing Address

7. Physical Address (see map/directions)

8. Home Telephone Number

9. Mobile Number

10. Work Number, if any

11. Fax Number (if any)

12. E-mail Address (Preferred Method for Service)

13. Other Contact Information (Attorney/Authorized Representative/Translator/etc.)

B. Respondent Information

1. Establishment Name (see Business License)

2. Name(s) of Owner/Management/Supervisor

3. Name of Agent for Process (see Annual Corporation Report)

4. Establishment Type (see Business License)

Sole Proprietor

Corporation

Partnership

Govt. Agency

5. Number of Employees

1-10

11-25

26-50

50+

I don't know

6. Nature of the Business

Retail Store

Bar/Club or Restaurant

Hotel/Hospitality

Beauty Salon/Massage Parlor

Mechanic

Construction

Caregiver/Houseworker

Security Services

Other

7. Mailing Address

8. Physical Address (see map/directions)

9. Establishment Telephone Number(s)

10. Owner/Management Mobile Number(s) (if any)

11. Any Other Contact Information you may have for Respondent

C. Scope of Employment

1. What is the position title/grade? (see Job Vacancy Announcement)

2. What is your current relationship to employer?

Prospective Employee

Current Employee

Former Employee

3. When did you submit application for employment?

4. Have you been interviewed? If so, when?

5. What are the stated qualifications of the position? Did you meet stated qualifications?

6. What date did you begin employment?

7. Do you have a written employment contract?

Yes (see Employment Contract)

No

8. Employment

Full Time

Part Time

Other (Indicate schedule/hours worked per week)

9. Salary

10. What was the last date you performed work for this employer?

11. If no longer employed, indicate reason for leaving employment with this employer?

Complainant/Representative
Name and Contact Info (mailing address & e-mail) for Service of Process

Commonwealth of the Northern Mariana Islands
Department of Labor
Administrative Hearing Office

In Re Matter of:

) Labor Case No. _____

_____)

) Complainant,

) v.

_____)

) Respondent.)

COMPLAINT

1. Pursuant to NMIAC § 80-20.1-450, the Administrative Hearing Office does not have jurisdiction with respect to the claims of tourists. Please indicate the following:

Complainant is a U.S. Citizen, US Permanent Resident, CNMI Permanent Resident, Foreign National Worker or other nonimmigrant alien.

Complainant is a visiting tourist of the CNMI.

2. Pursuant to NMIAC § 80-20.1-455, a complaint and any other pleadings shall be filed at the office of the Department on the island where the employment occurred, unless good cause is shown. To determine the appropriate venue, please indicate the island where employment occurred:

Saipan

Tinian

Rota

3. If filing on an island different from where employment occurred, please explain why:

4. Type of Labor Claim (mark all that apply):

Wage and Hour Claim

Violation of Employment Preference Law

Unlawful Reduction in Force

Unlawful Deductions

Unsafe Working Conditions

Retaliation

Other (please be as specific as possible)

5. In detail, explain the basis for your claim(s). Complainant should also demonstrate that the allegations in the complaint are not time-barred by the six month statute of limitations. If you need additional space, you may attach a supplementary statement, affidavit, or exhibits to support your claim(s).

6. Indicate the relief sought. For example, if you are claiming unpaid wages, include a detailed summary of dates, hours worked, salary, and total amount of unpaid wages. If you need additional space, attach a supplementary statement or affidavit. You may attach copies of timesheets, paystubs, or other exhibits, if any.

I certify that sufficient basis for the above allegations exist. I certify that the information I have provided in and with this Intake and Complaint Form is true to the best of my knowledge and belief. I further certify that there is no frivolous or improper basis for this filing, including, but not limited to, delay or harassment.

I understand that the above-stated information will serve as the basis for initiating administrative procedures regarding the subject of the complaint. I understand that I may be contacted by the Department of Labor for the purpose of providing further information or documents to substantiate the above-stated allegations, and I may be called to participate in a mediation, investigation, administrative hearing or other legal proceeding.

Complainant Signature (Print and Sign)

Date