



# CNMI DEPARTMENT OF LABOR

## ADMINISTRATIVE HEARING OFFICE

1357 Mednilla Ave., Capitol Hill, PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

### COMPLAINT FORM

**Instructions:** Complete each applicable section and sign the form. Please attach the requested documents and any other records that would help support your claim. You can attach a written statement if you need more space to explain your complaint. ***It is your burden to provide enough information to prove or establish your claim.*** Missing information or deficiencies may result in delays or dismissal. When complete, submit a hardcopy to the Administrative Hearing Office. Your complaint will not be considered filed until it is received with the applicable filing fee. All fees are nonrefundable and nontransferable. If you are experiencing a financial hardship, you may request a waiver of the filing fee. Waivers are not automatic and must be reviewed for eligibility.

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

#### A. WORKER INFORMATION

Full Legal Name (First, Middle, Last):	
Mailing Address:	Email Address(es):
Home Phone Number:	Cell Phone Number:
Name and Contact Information of Attorney or Authorized Representative (if any):	
Citizenship Status and Employment Authorization: <input type="checkbox"/> US Citizen <input type="checkbox"/> US or CNMI Permanent Resident <input type="checkbox"/> CW-1 <input type="checkbox"/> Other Foreign Worker (EAD Category or Alien # _____) <input type="checkbox"/> Other _____	
<i>(If you are not a US citizen or permanent resident, please attach a copy of your work permit, petition approval notice or other employment authorization document.)</i>	

## B. EMPLOYER INFORMATION

Name of Business Establishment: (Please attach copy of business license)	Name and contact information of Employer:
Name and contact information of designated agent for service of process: (Please attach copy of annual corporation report)	
Company Mailing Address:	Company Location/ Worksite:
Company Phone Number:	Company E-mail:

Note: If you are not represented by legal counsel, the Administrative Hearing Office will serve your complaint. The requested documents are necessary for us to effectuate service of process. If you do not submit a copy of the requested business license and annual corporation report, additional delays in processing may occur. Alternatively, you may serve your complaint in accordance with NMIAC § 80-20.1-475 and file a proof of service.

## C. SCOPE OF EMPLOYMENT

What best describes your employment relationship with Employer? <input type="checkbox"/> Prospective Employee ( <i>skip to Section D.</i> ) <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Other _____	
Did you have a written employment contract? <input type="checkbox"/> Yes (Please attach a copy) <input type="checkbox"/> No	What was your position or title? If no official title, what type of work did you perform?
Start date of employment:	Last date of employment, if any:
What was your employment schedule? <input type="checkbox"/> Full Time (Hours per week: _____) <input type="checkbox"/> Part Time (Hours per week: _____) <input type="checkbox"/> Seasonal / Temporary <input type="checkbox"/> Independent Contractor / GIG worker <input type="checkbox"/> Other _____	Rate of Pay \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
	How often were you paid or supposed to be paid? <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> biweekly <input type="checkbox"/> per month <input type="checkbox"/> by commission <input type="checkbox"/> Other _____
If no longer working for Employer, indicate reason for separation: <input type="checkbox"/> Terminated <input type="checkbox"/> Furloughed; Laid off <input type="checkbox"/> Business Closure <input type="checkbox"/> Resigned; Quit <input type="checkbox"/> I don't know <input type="checkbox"/> Other _____	

**D. BASIS FOR COMPLAINT**

**I am claiming unpaid wages.** *(If not, skip to next section)*

Type of unpaid wages: (check all that apply)	
<input type="checkbox"/> CNMI minimum wage was not paid <input type="checkbox"/> Other (please specify): _____	
<input type="checkbox"/> Paid less than the agreed amount      _____	
<input type="checkbox"/> Hours worked not paid      _____	
<input type="checkbox"/> Overtime rate not paid      _____	
<input type="checkbox"/> Improper/contested deductions of wages      _____	
<input type="checkbox"/> Final wages not paid      _____	
What is the total amount of wages owed to you?	Show how you calculated the wages owed. (Please include a copy of timesheets and paystubs)
Did you earn <b>all</b> of the unpaid wages <b>within</b> the last six months of filing this complaint?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Since when were wages owed to you? From: _____ To: _____
If wages were owed longer than six months ago, why is the claim filed late?	
Did you return all of employer's property?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe employer any money? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much and for what?
Did employer give you any reason for nonpayment? If so, why?	

**I am claiming a violation of the employment preference law.** *(If not, skip to next section)*

I am entitled to preference because: <input type="checkbox"/> I am a United States Citizen <input type="checkbox"/> I am a US / CNMI permanent resident <input type="checkbox"/> Other: _____		
Employer posted a job vacancy announcement: <input type="checkbox"/> Yes (please attach copy) <input type="checkbox"/> No	Employer was hiring for the following position/ classification:	Advertised wage/salary:
I submitted a complete application before the deadline. <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No	I was given an interview and participated, as scheduled. <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No	The employer hired a foreign worker. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
I met all the minimum qualifications listed on the job vacancy announcement. <input type="checkbox"/> Yes <input type="checkbox"/> No	List your experience and qualifications for the position:	
I was not hired for the position and <input type="checkbox"/> The employer had a valid reason for non-selection. <input type="checkbox"/> The employer did not have a valid reason for non-selection. <input type="checkbox"/> I don't know why I was not hired.		

**I am claiming an unlawful reduction in force.** *(If not, skip to next section)*

Employer reduced the workforce or closed the business. <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No	I was given at least 30 days' notice of the closure. <input type="checkbox"/> Yes (Days: _____) <input type="checkbox"/> No (Days: _____)	I was laid off/ terminated because of the closure. <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No
Employer laid off foreign national workers, transitional workers, and nonimmigrants aliens before laying off US Citizens and permanent residents in the same or lesser position. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		

**I have another type of claim.** *(If not, skip to next section)*

Please indicate the CNMI labor law that was violated and facts to demonstrate the alleged violation. If you need additional space, please continue on a separate sheet and attach to this form.

**E. REQUESTED RELIEF**

Indicate the type of relief you are requesting. If you are requesting a specific amount in damages, please show how that amount was calculated. If you need additional space, please continue on a separate sheet and attach to this form.

## F. CERTIFICATION & SIGNATURE

*I certify that the information provided with this Complaint is true and accurate to the best of my knowledge. I further certify that there is no frivolous or improper reason for filing, including but not limited to, delay or harassment. I understand that the Complaint and attached documents become a public record and will be used to initiate legal proceedings within the Department of Labor. I understand that I will be required to prove my claim during an administrative hearing.*

\_\_\_\_\_  
Complainant Name/ Signature

\_\_\_\_\_  
Date

### **This space is for internal use only**

Documents attached w/ Complaint:

- IFP Request
- Government Identification
- Employment Authorization Document\*
- Employer Business License\*
- Employer Annual Corporation Report\*
- Additional Statement(s)
- Employment Contract
- Employee Handbook
- Time sheets/ Pay stubs
- Job Vacancy Announcement
- Employer Notices or Correspondence
- Other Supporting Documents