



Maryland Equal Pay for Equal Work Complaint Form



For Office Use Only: Reference _____ Complaint # _____

SECTION I. Employee Information (Note: Please print or type all information.)

Name:

First Middle Initial Last

SSN/TIN (last four digits): _____

Address:

Street City State Zip Code

**If you change your address or telephone number after submitting this form, please notify Employment Standards Service (ESS) immediately in writing. If ESS cannot contact you, your claim will be dismissed.*

Daytime Telephone: _____ Email Address: _____

Date you were hired: _____ Your last day worked: _____

Job title with employer: _____ Start date: _____ End date: _____

SECTION II. Employer Information

Employer Name: _____

Is employer still in business? Yes No

Employer's Address:

Street City State Zip Code

Corporation name, if any: _____ Number of employees: _____

Employer contact: _____ Telephone: _____

Direct supervisor's name: _____ Industry of employer: _____

SECTION III. Employment Information

1. Did you sign an employment contract or agreement? Yes (if yes, attached a copy) No

2. Were you an independent contractor: Yes No

3. Employment status with this employer: Still Employed Resigned Discharged

(If discharged, state reason):

4. Do you supervise anyone: Yes No

5. Did your job require a college degree, formal education or training? Yes No If yes, specify:

6. What type of work did you perform? (For example: carpentry, data entry, nursing):

7. List primary duties and responsibilities:

8. Address, city, state and zip where work was performed:

9. In what county/city was your work performed?:

10. Rate of pay: \$ per

11. How often were you paid?: Weekly Bi-weekly Monthly Semi-monthly Other (explain)

12. Other type of compensation (check all that apply):

Vacation Pay Sick Leave Holiday Pay Overtime Pay Health/Life Insurance

Commissions Pension/401k Profit Sharing Bonus Other (describe):

SECTION IV. Complaint Details & Statement of Fact

“Equal Pay for Equal Work” means:

- (1) *Assigning or directing the employee into a less favorable career track, if career tracks are offered, or position;*
- (2) *Failing to provide information about promotions or advancement in the full range of career tracks offered by the employer; or*
- (3) *Limiting or depriving an employee of employment opportunities that would otherwise be available to the employee but for the employee’s sex or gender identity.*

1. In the space below, please provide details, including dates, regarding the alleged violation. Please be as specific as possible and attach additional sheets if needed.

In the space below, please identify what harm you feel you have suffered as a consequence of the alleged violation. Be specific and include the date(s) and location(s) in which the alleged violations occurred. Attach additional sheets if needed.

Specific Harm

Date(s)

Location(s)

2. Are any of the matters listed above pending in state or federal court? Yes No

V. Certification and Signature

I HEREBY CERTIFY that the statements herein, including any attachments, are true and accurate to the best of my knowledge. I UNDERSTAND that acceptance of this complaint by the Maryland Division of Labor and Industry does not guarantee collection. I AUTHORIZE the Division of Labor and Industry to receive any monies paid and mail such monies to me at my own risk.

Employee Signature:

Date:

Employee Name (printed):

Department of Labor
Division of Labor and Industry
Employment Standards Service
10946 Golden West Drive – Suite 160
Hunt Valley, MD 21031
Telephone Number: (410) 767-2357