

WEST VIRGINIA DIVISION OF LABOR

Capitol Complex

Building 6, Room 749B

Charleston, WV 25305

FAX: 304-558-3797

Phone: 304-558-7890

REQUEST FOR ASSISTANCE

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

(OPTIONAL) E-MAIL: _____

This area for official use only

Date Received: _____

Date Assigned: _____

Assigned to: _____

Case number: _____

Assigned By: _____

Are you a present employee: _____

Former employee: _____

**Other: _____

** Please give a brief description: _____

NAME OF PERSON OR
FIRM TO BE INVESTIGATED: _____

ADDRESS OF MAIN
BUSINESS OFFICE: _____

BUSINESS PHONE #: _____

ADDRESS OR LOCATION WHERE WORK
WAS PERFORMED: _____

TYPE OF BUSINESS - MINING,
CONSTRUCTION, RESTAURANT, etc.: _____

JOB TITLE: _____

GIVE A BRIEF
DESCRIPTION OF WORK
PERFORMED: _____

WHAT IS YOUR COMPLAINT: PLEASE
GIVE A DESCRIPTION OF THE ITEM YOU
WISH THE WEST VIRGINIA DIVISION OF
LABOR TO INVESTIGATE: (attach additional
pages if needed)

WHAT AMOUNT OF WAGES OR FRINGE BENEFITS ARE DUE YOU: _____

DATE SUBMITTED: _____

TYPE NAME, IF SUBMITTING ELECTRONICALLY, OR

SIGN IF SUBMITTING A PAPER COPY

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State Agencies or third parties in the normal course of business as needed to comply with state and/or federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the webmaster@labor.org or the Division's Privacy Officer, John Junkins at 304-558-7890 or john.r.junkins@wv.gov.