

INSTRUCTIONS AND GUIDE FOR FILING AN EQUAL PAY ACT COMPLAINT

Fill out and submit the “Equal Pay Act Complaint” [Form \(EPA-1\)](#). Please read the following Instructions to ensure that you are completing the Form correctly. Please respond fully to all questions. An incomplete Form will result in delayed processing.

WHAT TO EXPECT AFTER YOU FILE YOUR COMPLAINT

- 1) **Investigation.** In most cases, you will receive a letter from the Labor Commissioner letting you know to whom your complaint has been assigned. After this happens, a deputy will contact you to interview you, and will also most likely interview your witnesses, the employer, and the employer’s witnesses. In addition to the investigation, the deputy may also discuss settlement options with you.
- 2) **Conference & Hearing.** In some cases, you may be asked to come to the DLSE for a conference or a hearing. If you receive one of these notices, the deputy will explain what you need to bring with you.
- 3) **Determination.** After the deputy concludes his or her investigation, he or she will write a report and the DLSE will make a decision, known as a determination, on your case. If the decision is in your favor, the DLSE will work with the employer to enforce the decision. If the decision is in the favor of the employer, you will have a right to an appeal, the details of which you will be told in the determination.
- 4) **Staying in Touch.** It is your responsibility to keep the deputy informed of any address or telephone number changes. If the deputy is unable to locate you, he or she may be forced to close your case.

GUIDE TO COMPLETING “EQUAL PAY ACT COMPLAINT” FORM

PRELIMINARY QUESTIONS

These questions are in relation to your current complaint.

1. **Equal Pay Act Complaint.** This form is to be used for complaining about being paid less than a person of the opposite sex, of another race, or of another ethnicity who is performing substantially similar work to the work you perform. For frequently asked questions related to the Equal Pay Act, go to www.dir.ca.gov/dlse/California_Equal_Pay_Act.htm.
2. **Labor Commissioner Investigation.** It is unlawful for an employer to retaliate or discriminate against you (for example, fire, threaten to fire, demote, suspend, or discipline you) because you speak with a Labor Commissioner Investigator about your working conditions, including speaking with an agent of the Labor Commissioner’s Bureau of Field Enforcement (BOFE). Check the “YES” box if you spoke with a Labor Commissioner investigator (for example, during an inspection of your workplace) about your working conditions, and enter the date on which the conversation took place and the name of the investigator.
3. **Wage Claim.** It is unlawful for an employer to retaliate or discriminate against you (for example, fire, threaten to fire, demote, suspend, or discipline you) because you filed a wage claim with the Labor Commissioner. Check the “YES” box if you filed a wage claim and enter the date on which you filed. If you have not filed a wage claim and would like to file one, you may ask DLSE staff for a copy of the wage claim form or download it at <http://www.dir.ca.gov/dlse/HowToFileWageClaim.htm>.
4. **Other Employees Filing Equal Pay Act Claims?** Check “YES” if you know that other employees are filing an Equal pay Act complaint against your employer. The Equal Pay Act is a California law that can be found in the California Labor Code §1197.5.

PART 1: Language Assistance & Representation

- 5a. **Interpreter Needed?** Check “YES” if your primary language is not English and you want an interpreter to assist you.
- 5b. **Language.** If you checked “YES” to Box 5a indicating that you need an interpreter, enter the language of the interpreter needed.
- 6a. **Name of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **name and organization** of the person who is assisting you.
- 6b. **Phone Number of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **phone number** at which your advocate can be contacted.
- 6c. **Mailing Address of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **mailing address** of your lawyer or other advocate. Include the street name and number, as well as any floor or suite number, city, state, and zip code. DLSE will mail copies of information related to your claim to the address of your advocate that you enter here.
- 6d. **Email Address of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the email address of your lawyer or other advocate.

PART 2: Employer Information

7. **Employer/Business Name(s).** Enter the **complete name** of your employer against whom you are filing the claim, to the best of your knowledge. If your employer has more than one business name (including a “doing business as” or DBA name), list all names that you know. **If you are a garment worker or car wash worker, and your employer has closed its business and opened up under a new name, list both the new name (if you know it) and the previous name of your employer.**
8. **Employer License Plate Number.** Enter your employer’s vehicle **license plate number**, if you know this information.
9. **Phone Number of Employer.** Enter the **telephone number** of your employer, **with area code**, if you know this information.
10. **Address of Employer/Business.** Enter the **last known address** of your employer. List the street name; number; floor, suite or room number (if any); city; state; and zip code. This address may be different from the address where you worked (which you should list in Box 11). **If you are a garment worker or car wash worker, and your employer has changed its business address since you worked for the employer, list both the new business address and the previous address**, if you know this information.
11. **Address Where You Worked.** Enter the **address where you performed work**, if different from the address you listed in Box 10. List the street name; number; floor, suite or room number (if any); city; state; and zip code.
12. **Name of Person in Charge.** Enter the **first and last name of the person in charge** at the location where you worked, if you know the name. This could be the owner, your supervisor, a manager, or another person who ran the business or oversaw your work.
13. **Job Title/Position of Person in Charge.** Enter the **job title** of the person in charge, if known. Example: “FloorManager.”
14. **Type of Business.** Enter the **type of business or industry** in which your employer was conducting business.
15. **Type of Work Performed.** Enter the **type of work you did for your employer**.
16. **Total Number of Employees.** Enter the approximate total number of workers employed by your employer, if you know.
17. **Still in Business?** Check “YES” if you know that your employer is still operating its business.
18. **Description of Business Entity.** Check the box indicating whether your employer is a corporation, individually owned, a partnership, a limited liability company (LLC), or limited liability partnership (LLP), if you know this information.

PART 3: EMPLOYMENT STATUS

19. **Work Status.** Indicate whether you **still work** for your employer; whether you **quit** your job; whether you were **discharged**; whether you were **suspended**; or whether another situation applies (check the “other” box and briefly specify your situation – for example, “on disability leave”).
20. **Rate of Pay.** If you no longer work for the employer, what was your final rate of pay? Example, \$10 per hour. If you are still working for the employer, leave this field blank.

PART 4: YOUR COMPLAINT

Please be aware that this specific portion of your complaint may be shared with your employer, so do not write the name of any witness for you, such as another employee, colleague, or co-worker that witnessed what happened.

21. **Your Job Title.** What is your current or final job title? Even if you no longer work for the employer; this information is important to provide.

22. **Your Job Duties.** List your job duties.
23. **Your Wage Rate.** State all your compensation at your job. Include your base salary and any additional compensation you received.
24. **Comparator's Information.** "Comparator" is the employee or employees of the opposite sex, of another race, or of another ethnicity, who performs (or performed) substantially similar work as you and who is paid more. State the comparator's full name, job position, duties, sex, race, ethnicity, location where the employee works, and the compensation this other employee receives. Include base salary and any additional compensation this employee receives (bonuses, commissions, other). If you do not have specific or complete information, provide the information that you do have.
25. **a. Employer Reasons.** If you asked your employer why you are paid less, state your employer's response. Regarding the reasons your employer may have given you to explain why you are not paid the same as the other employee performing substantially similar work, do you have reason to believe that the reasons given by your employer are not the real reasons for the pay difference?
b. Potential Employer Reasons. If you have not asked your employer about why you paid less, state what reason you believe your employer would give for the unequal pay.
26. **Other Relevant Information.** Describe any other information that supports your Equal Pay Act complaint. For example, if your job title is different from that of the employee of the opposite sex, race, or ethnicity who earns more than you, state why you believe you are performing substantially similar work.
27. **Retaliation.** If you inquired about or discussed wages, or exercised your rights or assisted any other employee to exercise rights under the Equal Pay Act, and your employer retaliated against you for doing so, you can submit a separate Retaliation Complaint (Form RCI-1) to the Labor Commissioner. You must do so within six months of when you were retaliated against.

PART 5: Your Information

The name of the complainant shall be confidential until the Labor Commissioner establishes the validity of the complaint, unless the complainant's name must be disclosed to investigate the complaint. The complainant's name shall remain confidential if the complaint is withdrawn before the complainant's name is disclosed.

28. **Your First Name.** Enter your first name.
29. **Your Last Name.** Enter your last name.
30. **Your Home Phone Number.** Enter your home telephone number, with area code.
31. **Other Phone Number.** Enter the phone number, with area code, of another phone at which DLSE can reach you (for example, a cell phone that you use).
32. **Your Date of Birth.** Enter your date of birth. Include the month, day, and year.
33. **Your Mailing Address.** Enter your mailing address. Include the street name and number, as well as any floor or apartment number, city, state, and zip code. DLSE will mail copies of information related to your claim to your address that you enter here. **You must inform DLSE immediately of any change in your mailing address.**
34. **Email Address.** If you have an email address, please enter it here.
35. **Date of Hire.** Enter the date you were hired. Enter an approximate date if you don't remember the exact date.

NEW EMPLOYMENT.

Have you started a new job. If you found a new job and you are currently working, check "Yes." If you are not currently working, check "No."

Name of new employer. Fill in the name of your current employer if you are currently working at a new job. If you are not currently working, leave blank.

Date you started new job. Fill in the date you began working at your new job. If you are not currently working, leave blank.

Rate of pay. If you are currently working for a new employer, what is your current rate of pay? Example, \$10 per hour. If you are not currently working, leave blank.

PART 6: WITNESSES

If anyone has information in connection with the Equal Pay Act violation you are complaining about, please give us their name, title, address, phone number. Briefly describe the information that they have that supports your claim. **This information is confidential, and the Labor Commissioner will not reveal their identities unless it becomes necessary to do so to proceed with the investigation or for the enforcement of the Labor Commissioner's Determination.**

PART 7: REMEDIES

What do you hope happens as a result of your complaint? If a violation is proven, employers may have to pay you for your lost wages, and an equal amount in liquidated damages. Please think carefully about what specifically could resolve this problem for you today.

COMPLAINTS NOT HANDLED BY THE LABOR COMMISSIONER

Discrimination Complaints Based on Race, Color, National Origin, Ancestry, Religion, Age, Disability, Medical Condition, Genetic Information, Sexual Orientation, Familial Status, Sex, Marital Status, Military or Veteran Status are not handled by the Labor Commissioner. These complaints are handled by the Department of Fair Employment and Housing. Please see www.dfeh.ca.gov or call 1-800- 864-1684 or the Equal Employment Opportunity Commission at www.eeoc.gov or call 1-800-669-4000. As indicated above, the Labor Commissioner's Office does handle claims under the Equal Pay Act alleging unequal pay (based on sex, race, or ethnicity).