

What types of Equal Pay Opportunity Act complaints can L&I accept?

As an employee, you may file a complaint if your employer has:

- Provided unequal compensation or career advancement opportunities based on your gender.
- Prohibited you from disclosing or discussing your wages with other employees.
- Retaliated or discriminated against you from taking actions protected under the Equal Pay Opportunity Act.

You have four years from the last alleged violation to file your complaint.

Washington State's **Equal Pay Opportunity Act** helps people receive equal pay for the same or similar work or work of equal value. The act promotes fairness among workers through:

- **Equal pay and career advancement opportunities.** Employers may not discriminate against similarly employed workers by providing compensation or career advancement opportunities based on gender.
- **Protected wage discussions.** Your employer cannot stop you from disclosing your wages or require you to sign an agreement that stops you from disclosing your wages.
- **Prohibited retaliation.** Your employer may not discriminate or retaliate against you or fire you for having a wage discussion, filing a complaint or exercising other rights under the Equal Pay Opportunity Act.

For more information, go to: www.Lni.wa.gov/EqualPay

How to file your Equal Pay Opportunity Act complaint:

- ☐ Complete and sign the attached form. You may attach additional sheets if you need more space to explain your complaint.
- ☐ Attach any document related to your complaint such as pay statements, letters, or employer correspondence (including emails and text messages).
- ☐ Mail the form to:
Department of Labor & Industries
Employment Standards
PO Box 44510
Olympia WA 98504-4510

Or bring your form to Labor & Industries: 7273 Linderson Way SW Tumwater WA 98501-5414.

After L&I receives your complaint:

An Industrial Relations Agent will investigate your complaint. Due to the nature of this law, L&I will need to tell your employer that you filed a complaint.

If we determine that your employer owes you money, we cannot guarantee that L&I can collect it for you.

New address or phone number? If you move or get a new phone number, call L&I right away at 1-866-219-7321. If L&I can't reach you, it may delay the investigation.



Employment Standards Program
360-902-5316 or 1-866-219-7321

Equal Pay Opportunity Act Complaint

WA Unified Business Identifier (UBI):	
CATS #:	NAICS #:

A: Worker Information

Language Preference (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other:				
Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Social Security Number (optional)	Home Phone Number	Cell Phone Number
Home Address		Complaint is for this period of time From: To:		Your Pay Rate \$
City	State	Zip Code	Date you began work with this employer	Are you still employed with company <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		If not still with this employer, last date employed		Reason for leaving job <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't know
What kind of work do you or did you for this employer?				

B: Employer Information

Name of Company		Name of Company Owner, Manager, or Supervisor		
Company Mailing Address		Company Phone Number	Company Cell Phone Number	
City	State	Zip Code	Company Fax Number	Company Email Address, if known
Address where you worked if not at the above address		Type of Company (for example: construction, restaurant, janitorial)		
City	State	Zip Code	Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

C: Equal Pay or Opportunity Complaint

Check box for alleged equal pay or opportunity violation: <input type="checkbox"/> Unequal compensation (wages, benefits, or bonuses) <input type="checkbox"/> Prohibited wage discussion <input type="checkbox"/> Denied or limited career advancement <input type="checkbox"/> Retaliation	
What was the date you discovered the alleged violation?	
Do you believe the alleged violation above is based on gender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you or your attorney filed a civil action in court to resolve this dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Explain in detail why you're filing this complaint. You may attach additional sheets if you need more room.	

D. If We Cannot Reach You. . . We need contact information for someone who will always know how to reach you (Not your own address or phone number.)

Your Contact's Name		
Address		
City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number

REQUIRED WORKER'S SIGNATURE

To the best of my knowledge, the information I have entered on this form is true and accurate.

Signature

Date

For more information about your workplace rights and responsibilities in Washington, to go: www.Lni.wa.gov/WorkplaceRights