

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: _____	This area for official use only Date Received: _____ Date Assigned: _____ Assigned to: _____ Case number: _____ Assigned By: _____
ADDRESS: _____	

PHONE: _____ FAX: _____	
(OPTIONAL) E-MAIL: _____	

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