



Osceola County Attorney's Office
Attention: Wage Theft
1 Courthouse Square, Suite 4700
Kissimmee, Florida 34741
Phone: (407)742-2200
Fax: (407)742-2217
E-mail: wagetheft@osceola.org
Web: www.osceola.org

Wage Recovery Complaint Affidavit

Complainant Contact Information

*required information

Name:* _____
Address:* _____ Suite/Apt. #:* _____
City*:* _____ State:* _____ Zip Code:* _____
Daytime No*:* _____ Home No: _____
Cell No: _____ E-Mail: _____

If you do not have a daytime telephone number, provide an alternative contact:

Name: _____ Daytime No: _____

NOTE: *If your address or telephone number should change after filing this form you must promptly notify the County. Your complaint will be closed if the County is unable to contact you.*

Have you engaged an Attorney?* Yes No

If yes, name of Attorney _____

Have you filed a private legal action?* Yes No

Are you aware of an any private action brought on your behalf, or of any enforcement action against the employer by the State of Florida or the federal government?*

Yes No

Employer Information

Company or Employer Name:* _____

Address:* _____

City:* _____ State:* _____ Zip Code:* _____

Telephone #:* _____ Extension:* _____

Web URL: _____ Company or Employer's Email: _____

Owner/Supervisor's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone#: _____

Email: _____

Other Information

Was the work which is the subject of this wage theft complaint performed in Osceola County?

YES NO

Job title: _____

Are you considered a subcontractor? YES NO DO NOT KNOW

Date of hire: _____ Last day worked: _____

Worksite Address: _____

(If different from business address)

City: _____ State: _____ Zip Code: _____

I am represented by an advocate who is not an attorney: YES NO

If yes, provide:

NAME _____

Address:* _____

City:* _____ State:* _____ Zip Code:* _____

Telephone #:* _____ Extension:* _____

This advocate IS ___ IS NOT ___ receiving compensation from me for representing me in these proceedings. I understand that any Hearing Examiner can remove the above-named, non-attorney advocate from these proceedings for good cause. By signing this complaint, I authorize the person identified above to represent me as my advocate in any County proceedings related to my wage theft complaint.

By submitting this complaint affidavit I declare, under penalties of perjury, that I have read the foregoing complaint affidavit, that the facts stated in it are true and that any supporting documentation I submit will be copies of genuine documents. I hereby agree to participate in any conciliation efforts by representatives of Osceola County, and I hereby request a hearing on this complaint before a Hearing Examiner, should conciliation efforts fail. I understand further that my complaint is a public record and that a copy of this complaint will be sent to the employer for their response.

Signature (type full name if submitted electronically)

____/____/____
Date