



Maryland Equal Pay for Equal Work Complaint Form



For Office Use Only: Reference \_\_\_\_\_ Complaint # \_\_\_\_\_

SECTION I. Employee Information (Note: Please print or type all information.)

Name: [First] [Middle Initial] [Last]

SSN/TIN (last four digits): [ ]

Address: [Street] [City] [State] [Zip Code]

\*If you change your address or telephone number after submitting this form, please notify Employment Standards Service (ESS) immediately in writing. If ESS cannot contact you, your claim will be dismissed.

Daytime Telephone: [ ] Email Address: [ ]

Date you were hired: [ ] Your last day worked: [ ]

Job title with employer: [ ] Start date: [ ] End date: [ ]

SECTION II. Employer Information

Employer Name: [ ]

Is employer still in business? [ ] Yes [ ] No

Employer's Address: [Street] [City] [State] [Zip Code]

Corporation name, if any: [ ] Number of employees: [ ]

Employer contact: [ ] Telephone: [ ]

Direct supervisor's name: [ ] Industry of employer: [ ]

SECTION III. Employment Information

1. Did you sign an employment contract or agreement? [ ] Yes (if yes, attached a copy) [ ] No

2. Were you an independent contractor: [ ] Yes [ ] No

3. Employment status with this employer:  Still Employed  Resigned  Discharged

(If discharged, state reason):

4. Do you supervise anyone:  Yes  No

5. Did your job require a college degree, formal education or training?  Yes  No If yes, specify:

6. What type of work did you perform? (For example: carpentry, data entry, nursing):

7. List primary duties and responsibilities:

8. Address, city, state and zip where work was performed:

9. In what county/city was your work performed?:

10. Rate of pay: \$  per

11. How often were you paid?:  Weekly  Bi-weekly  Monthly  Semi-monthly  Other (explain)

12. Other type of compensation (check all that apply):

Vacation Pay  Sick Leave  Holiday Pay  Overtime Pay  Health/Life Insurance

Commissions  Pension/401k  Profit Sharing  Bonus  Other (describe):

**SECTION IV. Complaint Details & Statement of Fact**

*“Equal Pay for Equal Work” means:*

- (1) Assigning or directing the employee into a less favorable career track, if career tracks are offered, or position;
- (2) Failing to provide information about promotions or advancement in the full range of career tracks offered by the employer; or
- (3) Limiting or depriving an employee of employment opportunities that would otherwise be available to the employee but for the employee’s sex or gender identity.

1. In the space below, please provide details, including dates, regarding the alleged violation. Please be as specific as possible and attach additional sheets if needed.

2. In the space below, please identify what harm you feel you have suffered as a consequence of the alleged violation. Be specific and include the date(s) and location(s) in which the alleged violations occurred. Attach additional sheets if needed.

**Specific Harm**

**Date(s)**

**Location(s)**

--

--

--

3. Are any of the matters listed above pending in state or federal court?  Yes  No

**V. Certification and Signature**

I HEREBY CERTIFY that the statements herein, including any attachments, are true and accurate to the best of my knowledge. I UNDERSTAND that acceptance of this complaint by the Maryland Division of Labor and Industry does not guarantee collection. I AUTHORIZE the Division of Labor and Industry to receive any monies paid and mail such monies to me at my own risk.

Employee Signature: 

--

Date: 

--

Employee Name (printed): 

--

---

**Department of Labor, Licensing and Regulation**  
**Division of Labor and Industry**  
**Employment Standards Service**  
1100 North Eutaw Street, Room 607  
Baltimore, MD 21201  
Telephone Number: (410) 767-2357