



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. 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):

You may mail, fax, or email your complaint and authorization forms to:

Maryland Department of Labor
Division of Labor and Industry
Employment Standards Service
10946 Golden West Drive, Suite 160
Hunt Valley, Maryland 21031
(410) 767- 2357 Fax: (410) 333-7303
Email: DLDLIMdLaborComplaint-dllr@Maryland.gov



Maryland Maryland Equal Pay for Equal Work
DEPARTMENT OF LABOR Claimant Authorization



I, _____, have filed a complaint with the Department of Labor, Division of Labor and Industry, Employment Standards Service (ESS) under the Equal Pay for Equal Work law, Md. Code Ann., Lab. & Empl., Title 3, Subtitle 3 (“Equal Pay law”), against my employer/former employer:

Employer Name

Employer Address

City

State

Zip Code

I understand that my complaint will be investigated and that as part of the investigatory process my complaint will be sent to my employer/former employer for response. I understand that after the investigation is completed, the Commissioner of Labor and Industry (“Commissioner”) will determine whether my employer/former employer has violated the Equal Pay law. **I understand that acceptance of my complaint by ESS will not necessarily result in a determination by the Commissioner that the Equal Pay law has been violated.** If the Commissioner determines the Equal Pay law has been violated, pursuant to Md. Code Ann., Lab. & Empl., §3-306.1 and §3-307(b) I hereby request that the Commissioner take assignment of my claim in trust for me and I hereby consent to the Commissioner resolving any issue involved in the violation informally by mediation and/or by asking the Office of the Attorney General (“OAG”) to bring an action in a Maryland court of competent jurisdiction against my employer/former employer named above on my behalf for: injunctive relief, based upon violations of Md. Code Ann., Lab. & Empl., §3-304, §3-304.1, and/or §3-308(a)(1) or (4); to recover the difference between the wages paid to me and the wages paid to employees of another sex or gender identity who do the same type of work and an additional equal amount as liquidated damages, based upon violations of Md. Code Ann., Lab. & Empl., §3-304; actual damages and an additional equal amount as liquidated damages, based upon a violation of Md. Code Ann., Lab. & Empl., §3-304.1; damages, based upon a violation of Md. Code Ann., Lab. & Empl., §3-308(a)(1) or (4); and/or any other relief to which I may be entitled under Md. Code Ann., Lab. & Empl., §3-307(e) including reasonable counsel fees and other costs of the action as well as prejudgment interest in accordance with the Maryland Rules.

I understand and agree that if the Commissioner and the OAG recommend that I resolve my complaint through mediation, whether informal or court-ordered, and I do not approve the resolution recommended by the Commissioner and/or the OAG, then the Commissioner and the OAG may withdraw from the case, subject to any applicable Rules of Court. I understand that under those circumstances neither the Commissioner nor the OAG will be liable for any costs associated with the mediation and/or prosecution of any action filed on my behalf by the OAG and I agree to assume and be fully responsible for any and all associated costs.

I understand that should the OAG file an action in a Maryland court on my behalf, there is no guarantee of a favorable result and I understand and agree that any determination of whether or not to appeal an unfavorable decision is solely within the Commissioner’s, the Commissioner’s designee, and/or the OAG’s discretion. I also understand and agree that in the event my employer files an action against me in any court that is unrelated to my complaint under the Equal Pay law, neither the Commissioner nor the OAG will represent me in defense of that action. I understand and agree that

under those circumstances I will be required to either retain private counsel or represent myself *pro se* and I agree to assume and be fully responsible for any and all costs associated with the defense of the unrelated action.

I agree to cooperate fully with the ESS, the Commissioner, and the OAG during the investigation of my complaint and during all phases of any mediation and/or any action brought in any court on my behalf. I agree to notify ESS, the Commissioner, and/or the OAG immediately of any change in my address or telephone number. I agree to promptly return all telephone calls and to promptly respond to all written correspondence received from ESS, the Commissioner, the Commissioner's designee, or the OAG. I agree to appear and participate in any mediation that is scheduled. I agree to appear in court for any trial that is scheduled and to testify if requested by the Commissioner or the OAG. Should I fail to fully cooperate as described herein, I authorize the Commissioner and/or the OAG to take whatever action deemed appropriate, including withdrawing from and/or dismissing any action filed on my behalf, subject to the applicable Rules of Court. I agree that under these circumstances the Commissioner and the OAG will not be liable for any costs associated with the continued prosecution of the action and I agree to assume and be fully responsible for any and all associated costs.

I understand that under Md. Code Ann., Lab. & Emp., §3-308(b) I may not: (1) make a groundless or malicious complaint to the Commissioner or authorized representative of the Commissioner, (2) in bad faith, bring an action under the Equal Pay law, (3) in bad faith, bring a proceeding that relates to the subject of the Equal Pay law, or (4) in bad faith, testify in an action under the Equal Pay law or a proceeding that relates to the Equal Pay law. I further understand that if the Commissioner determines that I have violated §3-308(b)(1), (3), or (4), the Commissioner may bring an action against me for injunctive relief and damages.

Should the Commissioner and/or the OAG collect any monies on my behalf as a result of mediation or a judgment issued in my favor, I hereby authorize the Commissioner or the Commissioner's designee to receive, endorse my name on, and deposit in the account of the Commissioner any checks or money orders made out to me. I understand that I will be issued a check from the State of Maryland representing the amount deposited. I understand, however, that the amount may be reduced by any outstanding State debt that I owe such as past due child support or state income taxes, etc.

I understand that any judgment entered in my favor may be referred to the Maryland Department of Budget and Management's Central Collection Unit for collection. I further understand that if the Central Collection Unit can collect the judgment, the Central Collection Unit may deduct from the amount collected a fee of 17% to cover the expenses of collecting the judgment on my behalf.

I understand that in the event I retain private counsel to represent me in an action related to the issues raised in my complaint under the Equal Pay law, the Commissioner and the OAG will halt all actions on my behalf and close my case.

Date *Signature of Wage Claimant* *Telephone Number*

Address *City* *State* *Zip Code*

You may mail, fax, or email your complaint and authorization forms to:
Maryland Department of Labor, Division of Labor and Industry
Employment Standards Service
10946 Golden West Drive, Suite 160
Hunt Valley, MD 21031
(410) 767- 2357 Fax: (410) 333-7303
Email: DLDLIMDLaborComplaint-dllr@Maryland.gov