LABOR COMMISSIONER, STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS – DIVISION OF LABOR STANDARDS ENFORCEMENT

CLEAR PRINT

Initial Report or Claim

FOR OFFICE USE ONLY		
Taken by:	Case#:	Date filed:

IS THIS CLAIM RELATED TO YOUR EMPLOYER'S WRONGFUL CLASSIFICATION OF YOU AS AN INDEPENDENT CONTRACTOR INSTEAD OF AN EMPLOYEE? ☐ YES ☐ NO

PRELIMINARY QUESTIONS

1. Is your claim about a **public works** project? If your answer is **"YES," STOP HERE. DO NOT FILL OUT THIS FORM. Fill out the "PW-1" claim form instead.** If your answer is **"NO," proceed with this form.**

2. Have you filed a **retaliation complaint** against your employer with the Labor Commissioner?
☐ YES, on: ____/____/____ (Month / Day / Year) ☐ NO **If you have been retaliated against, you may file a retaliation complaint by filling out another form, "RCI 1 Form"**

3. Is there a **Union contract** covering your employment?
☐ YES **If "YES," attach a copy of the Union contract / Collective Bargaining Agreement.**
☐ NO

4. Are other employees also filing wage claims against your employer? ☐ YES ☐ NO ☐ I DON'T KNOW

Part 1: LANGUAGE ASSISTANCE & REPRESENTATION

5. Do you need an interpreter? ☐ YES ☐ NO	5a. If you checked "YES" to Box 5, enter the language needed
6. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION	6a. ADVOCATE'S PHONE ( )
6b. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)	CITY / STATE / ZIP CODE

Part 2: YOUR INFORMATION

7. Your FIRST NAME	8. Your LAST NAME	9. HOME PHONE	10. CELLPHONE	11. BIRTH DATE
Dana	Rivera	( )	(559) 555-0142	

12. Your EMAIL ADDRESS	13. Alternate Contact - Name & Relationship	13a. Alternate Contact Phone Number
dana.rivera@example.invalid	13b: Email of Alt. Contact:	( )

14. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)	CITY	STATE	ZIP CODE
100 Sample Street Apt 4	Fresno	CA	93701

Part 3: CLAIM FILED AGAINST (EMPLOYER INFORMATION)

15. EMPLOYER / BUSINESS NAME(S)	16. EMPLOYER'S VEHICLE LICENSE PLATE #	17. EMPLOYER PHONE
Example Bakery Co.		(559) 555-0100
	18. EMPLOYER'S EMAIL ADDRESS	

19. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite)	CITY	STATE	ZIP CODE
200 Example Avenue	Fresno	CA	93702
20. ADDRESS where you worked, if different from Box 19 (Number, Street, Floor, Suite)	CITY	STATE	ZIP CODE

21. NAME of PERSON IN CHARGE (First Name, Last Name)	21a. JOB TITLE / POSITION of PERSON IN CHARGE

22. Type of business	23. Type of work you performed	24. Total # of employees	25. EMPLOYER STILL IN BUSINESS?
	Baker		☐ YES ☐ NO ☐ I DON'T KNOW

26. Check the box that describes your employer, if you know: ☐ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LLC / LLP ☐ I DON'T KNOW

PRINT YOUR NAME: Dana Rivera

Part 4: FINAL WAGES / BOUNCED CHECKS

27. DATE OF HIRE: 03/02/2026 (Month / Day / Year)

28. Check which box applies to you:

- [x] Still working for employer
- [ ] QUIT on ____/____/____ (Month / Day / Year)
- [ ] DISCHARGED on ____/____/____ (Month / Day / Year)

Other (specify): _____

28a. If you **QUIT**, did you give at least **72-hours' notice**?

- [ ] YES
- [ ] NO

28b. If you **QUIT**, have you received your final payment of wages including all wages owed?

- [ ] YES, on: ____/____/____ (Month / Day / Year)
- [ ] NO

28c. If you were **DISCHARGED**, have you received your final payment of wages including all wages owed?

- [ ] YES, on: ____/____/____ (Month / Day / Year)
- [ ] NO

29. How were your wages paid?

- [x] BY CHECK
- [ ] BY CASH
- [ ] BY BOTH CASH & CHECK
- [ ] OTHER: _____

29a. If paid by check, did any of your pay checks "bounce"? For example, a paycheck could not be cashed because your employer had insufficient funds.

- [ ] YES
- [ ] NO

Part 5: HOURS YOU TYPICALLY WORKED

30. Check which box applies:

- [ ] My work hours and days of work were usually the same each week that I worked.
- [x] My work hours and/or days of work varied per week or were irregular. **If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.**

31. If your work hours and days of work were usually the same each week, give your **BEST ESTIMATE** below of the hours you usually worked and any time you took for a duty-free meal period during your **TYPICAL workweek**. **DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).**

	TIME WORK STARTED	TIME WORK ENDED	1st MEAL START TIME (if applicable)	1st MEAL END TIME (if applicable)	2nd MEAL START TIME (if applicable)	2nd MEAL END TIME (if applicable)	ONLY IF YOU WORKED A SPLIT SHIFT: 1st shift ended at	ONLY IF YOU WORKED A SPLIT SHIFT: 2nd shift started at
DAY 1 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
DAY 2 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ m	☐ am ☐ pm
DAY 3 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
DAY 4 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ m	☐ am ☐ pm
DAY 5 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ m	☐ am ☐ pm
DAY 6 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
DAY 7 of your workweek:	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ m	☐ am ☐ pm

Part 6: PAYMENT OF WAGES

32. Were you paid or promised a **FIXED amount in wages per pay period**, **no matter how many hours you worked** (for example, $400 per week, regardless of how many hours you worked)? **YES** ☐ **NO** ■

I was paid $_____ per ☐ **day** ☐ **week** ☐ **every 2 weeks** ☐ **month** ☐ **semi-monthly**

I was promised $_____ per ☐ **day** ☐ **week** ☐ **every 2 weeks** ☐ **month** ☐ **semi-monthly**

33a. Were you an **HOURLY** employee? **YES** ■ **NO** ☐

I was paid $18.50 per hour.

I was promised $_____ per hour.

33b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate** (based on the hours you worked or different job tasks)? ☐ **YES** ■ **NO**

If YES, please specify:

34. Were you paid by **PIECE RATE**? ☐ YES ■ NO

35. Were you paid by **COMMISSION**? ☐ YES ■ NO

Part 7: WAGES, COMPENSATION & PENALTIES OWED

36. **CLAIMS** (Check all boxes below that apply)	**CLAIM PERIOD: START DATE** (Month/ Day/ Year)	**CLAIM PERIOD: END DATE** (Month/ Day/ Year)	**AMOUNT EARNED / CLAIMED**
☑ **REGULAR WAGES (for non-overtime hours)**	08/31/2026	09/13/2026	$ 1,480.00
☑ **OVERTIME WAGES (including double time)**	08/31/2026	09/13/2026	$ 9.25
☐ **MEAL PERIOD WAGES**			$
☐ **REST PERIOD WAGES**			$
☐ **SPLIT SHIFT PREMIUM**			$
☐ **REPORTING TIME PAY**			$
☐ **COMMISSIONS *****			$
☐ **VACATION WAGES *****			$
☐ **BUSINESS EXPENSES**			$
☐ **UNLAWFUL DEDUCTIONS**			$
☐ **PAID SICK LEAVE** ☐ **PAID SICK LEAVE Supplemental Paid Sick Leave**			$
☐ **OTHER [provide separate explanation]**			$
ENTER SUBTOTAL (add all Amounts Earned/Claimed):			$ 1,489.25
ENTER TOTAL AMOUNT PAID:			$ 1,480.00
GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:			$ 925.00

37. Check box(es) if you are claiming:

- ☐ **Waiting time penalties [Labor Code §203]**
- ☐ **Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]**
- ☐ **Penalties for late payment wages [Labor Code §210]**
- ☐ **Liquidated damages for late payment wages [Labor Code §1194.2]**
- ☐ **Compensatory damages for willful misclassification [Labor Code §226.8]**

The amounts claimed are based on my best estimates at this time and may be adjusted based on further information or based on assistance with my claim provided by DLSE.

Signed: _____ Date: _____

Print Name: _____