



Osceola County Attorney's Office  
Attention: Wage Recovery  
1 Courthouse Square, Suite 4700  
Kissimmee, Florida 34741  
**Phone:** (407)742-2200  
**Fax:** (407)742-2217  
**E-mail:** [wagerecovery@osceola.org](mailto:wagerecovery@osceola.org)  
**Web:** [www.osceola.org](http://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 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: \_\_\_\_\_

**Explain the Circumstances  
Surrounding Your Allegations**

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Explain How You Calculated The Amount You Are Claiming:

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**Unpaid Wages**

Total amount of wages in Dollars and Cents you believe that you are owed:

\$ \_\_\_\_\_

*(Claims without an amount cannot be processed. You may file a claim for wages only; you may not file for any expenses.)*

How many hours did you work and not get paid? \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Per:  Hour  Week  Bi-weekly  Month  Commission

Tips \$ \_\_\_\_\_  Hour  Week  Bi-weekly  Month

Dates for which you were not paid?

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you keep a time record? (if yes, attach)  YES  NO

## Other Information

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

YES  NO

Job title: \_\_\_\_\_

Are you considered a subcontractor?  YES  NO

Are you considered an independent contractor?  YES  NO

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 recovery 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