

# Wage Dispute Small Claims Submission Form

Claimant Name

Phone Number

Email Address

Address

Employer Name

Employer Address

Employer Phone

Employer Email

Employment Start Date

Employment End Date

Job Title

Type of Employment

Amount of Unpaid Wages (\$)

Period Unpaid (Dates/Description)

Description of Dispute

Steps Taken to Resolve This Dispute

Supporting Documents List

Signature

Date Submitted