

Unpaid Wages Small Claims Complaint

1. Plaintiff Information

Full Name

Address

Phone Number

2. Defendant (Employer) Information

Employer Name

Employer Address

Employer Phone Number

3. Employment Details

Job Title/Position

Period of Employment

4. Unpaid Wages

Total Amount Owed (\$)

Description of Unpaid Wages

5. Attempts to Resolve

Describe any attempts to resolve the issue

6. Relief Requested

Describe the outcome or relief you seek

7. Signature

Signature

Date