

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE, ROOM 1813
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO

Non-Payment of Wage and Workplace Complaint Form- Page 2

Name of Employee: _____

Do you speak English? Yes No What language would you prefer we contact you in? _____

What type of work did you perform? CNA cleaning.

Name of employer MERRY MACK VALLEY WOMENS HEALTH SERVICES

Are you currently working for this employer? Yes No

If applicable, reason for end of employment? Quit Discharged

Did you sign a contract with the employer? Yes No

Is an attorney representing you? Yes No

Has a community organization or union helped you file this complaint? Yes No

If yes, please provide name(s) of the attorney, organization, or union; as well as a contact person, address, and phone number. _____

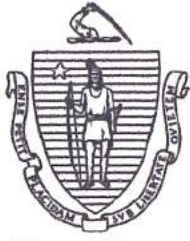
Did you ask to get paid the wages you are owed? Yes No

If yes, what was the employer's response? _____

Have you taken any other action against the employer regarding this problem? Yes No

If yes, please explain. _____

An employer does not have the right to threaten, discriminate, or retaliate against you because of your efforts to collect wages. If this has happened to you, please explain. NOT RECEIVING WAGES BECAUSE EMPLOYER THINKS I'M WITHHOLDING INFORMATION



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Non-Payment of Wage and Workplace Complaint Form- Page 3

Employer Information. Please provide as much information as you can.

Company name MERRYMAK valley womens Health Services
Other business name(s) used by employer _____
Company address 9 City METHUEN State ma. Zip 01844
Company owner/president name DR. MARCUS GORDON License plate number(s) _____
Owner/president home address _____ City _____ State _____ Zip _____
Owner/president phone (workplace, cell, and/or home) 978-688-7222
If known, total number of employees in company _____ Local manager/supervisor name(s) _____
City/town(s) where work was performed METHUEN, MA

Reason for Filing Complaint. Check all that apply and provide details below. If you are not sure which category applies, just describe your situation below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Minimum wage violation | <input type="checkbox"/> Meal period violation | <input type="checkbox"/> Child labor |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Overtime pay violation | <input type="checkbox"/> Unpaid commissions |
| <input type="checkbox"/> Vacation pay violation* | <input type="checkbox"/> Sunday overtime/holiday pay | <input type="checkbox"/> Failure to provide personnel records |
| | | <input type="checkbox"/> Other _____
<small>(specify "Other")</small> |

*If possible, please attach a copy of the company vacation policy.

Time period of violation(s) is from 5-13-09 to 6-6-09
(month/day/year) (month/day/year)

Your most recent rate of pay? \$ 20.00 per hour or week (circle one) Total amount owed? \$ 120.00 Before taxes.

Please provide detailed information about what happened and what you are owed. I worked 2 SATURDAYS worth of cleaning for 2 1/2-3 hrs of work BOTH DAYS. He won't give me my check because he thinks I have a clipboard that belongs to him with numbers of vendors + invoice numbers BUT I made THAT clipboard on my own before he took over. so he is holding my check.

CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

		7.22.09
<small>Signature</small>	<small>PRINT your name</small>	<small>Date signed</small>