

What you need to know about filing a Equal Pay & Opportunities Act Complaint

Under the Equal Pay and Opportunities Act (EPOA) pay and career advancement opportunities cannot be based on gender. EPOA prohibits gender pay discrimination and promotes fairness among workers by addressing business practices that contribute to gender pay gaps. Employees and applicants have different rights under this law.

Who can file a complaint?

As an **employee**, you can file a complaint if your employer (or former employer) has:

- Provided you with unequal compensation compared to other employees who are similarly employed, based on gender.
- Limited or denied career advancement opportunities, based on gender.
- Prohibited you from discussing wages.
- NOT provided you with wage or salary information for your new position after you were offered an
 internal transfer or promotion and requested the information. (Applies to employers with 15 or more
 employees only)
- NOT provided you with the wage and salary range, benefits, and other compensation on an internal job posting. (Applies to employers with 15 or more employees only.)
- Retaliated against you for filing a complaint, testifying in an EPOA proceeding, or exercising your rights under EPOA.

As an **applicant**, you can file a complaint if an employer with whom you have applied for a job has:

- Sought your wage or salary history.
- Required your wage or salary history meet certain criteria, such as requiring that you made a minimum salary previously in order to be eligible to apply for a new position.
- Not providing wage or salary range, benefits, and other compensation on a job posting. (Applies to employers with 15 or more employees only)
- Important: A person is only considered an "applicant" for the specific posting they applied for, not for every available job of the employer. L&I will investigate complaints filed by applicants who have applied to a job in good faith with the intent of gaining employment. L&I generally only assesses damages when an applicant can establish they have suffered a financial loss as a result of a violation of the law.

For more information, go to: www.Lni.wa.gov/EqualPay

How to file an Equal Pay and Opportunities Act complaint:

- Complete and sign the attached form. Attach a separate sheet of paper if you need more space to explain your complaint.
- Review the form. Make sure the information is as complete and accurate as possible.
- Save the form. Change the default file name so you can find it easily. If you are using a public or shared computer, be sure to save it to a safe location like a thumb drive or a secured folder. If that is not possible, make sure you delete the file after you have completed the next step.
- Submit the form. Submit the form to our <u>secure file upload</u>. You can use this link to send us
 documents, photos, and other supporting information such as pay statements, personnel information,
 or employer correspondence (including email and text messages) along with this form.

Or

Mail your complaint form to:

Department of Labor and Industries Employment Standards PO Box 44510

F700-200-000 Equal Pay & Opportunities Act Complaint Form 02-2023

Or

Bring your complaint form to your <u>nearest L&I office</u>.

! **Important**: If you move or get a new phone number after filing a complaint, call L&I right away at 1-866-219-7321 to prevent delays in the investigation.

What happens after you file a complaint?:

L&I will review the information you provided to determine if your complaint can be investigated. If so, we will:

- Assign an Industrial Relations Agent to investigate your complaint. Due to the nature of this law, L&I will need to tell the employer that you filed a complaint.
- If we determine that you are owed money, L&I will attempt to collect the money owed; however, we cannot guarantee that we can collect it for you.
- ! **Important:** You also have the right to file private legal action against an employer for violations of this law. However, L&I cannot investigate the complaint if a civil complaint is filed in court.

Continue to next page for form.

| | For L&I Use Only | |
|-------|------------------|--|
| CATS# | - | |



Equal Pay & Opportunities Act Complaint

Employment Standards 360-902-5316 or 1-866-219-7321

Section A – My Information

| Preferred Language: | miah Camabaa | lian D'Chinasa | Cina milifia d | Chinaga Traditional | | |
|---|------------------------------|--|---------------------------------|---------------------|--|--|
| English Spa | | <u>=</u> | Simplified | Chinese Traditional | | |
| │ | ian | ese | | | | |
| Gender | | | | | | |
| ☐ Female ☐ Male | e 🔲 Transge | ☐ Transgender ☐ Non-binary / Gender Nonconforming | | | | |
| ☐ Prefer not to state | ☐ Other: | | | | | |
| Name (As it appears on your ID – First Middle Last Name) | | | | | | |
| Mailing Address | | City | State | Zip Code | | |
| Phone Number | Email Address | | | | | |
| Secondary Contact Name | | Secondary Contact | Phone Number | | | |
| Occordary Contact Name | | occordary contact | Occordary Contact i Hone Number | | | |
| Are you an employee or an applic | ant? Did you apply to a | n available position? | | | | |
| Employee Applicar | nt | lo | employer? □ Yes □ No | | | |
| Starting Date with this Employer | | oyed with the employer? | | late employed | | |
| | lo | | | | | |
| Reason for Leaving Fired Quit La | aid Off Don't Know | / Other: | | | | |
| Fired Quit Laid Off Don't Know / Other: What kind of work do you do? | | | | | | |
| · | | | | | | |
| | | | | | | |
| | | | | | | |
| Section B – Employe | r Information | | | | | |
| Name of Company (Business Nar | Company Contact (0 | Company Contact (Owner, Manager, or Supervisor) Name | | | | |
| Address Where You Worked | City | State | e Zip Code | | | |
| Company Mailing Address (if diffe | City | State | e Zip Code | | | |
| Company Phone Number | Company Email Add | Company Email Address | | | | |
| Type of Business (for example: co | Is the employer still Yes No | | Know 🔲 Bankrupt | | | |

Continue on Next Page

Section C – Equal Pay and Opportunities Act Complaint

Please attach additional documentation to explain your complaint in more detail.

| Sele | ect the violation of employee rights that you believe occurred: |
|-------|---|
| | Unequal compensation based on gender |
| | Limited or denied career advancement opportunities based on gender |
| | Prohibited wage discussion |
| | Retaliation |
| | Not providing wage or salary range of an internal transfer to a new position or promotion offered by the employer upon request of the employee |
| | Not providing wage or salary range, benefits, and other compensation on an internal job posting |
| Sele | ect the violations of applicant rights that you believe occurred (mark all that apply): Seeking wage or salary history Requiring wage or salary history to meet criteria Not providing wage or salary range, benefits, and other compensation on a job posting |
| Sect | tion D – Signature |
| | By submitting this form, I am confirming the information provided is accurate and true. I am also agreeing to cooperate and communicate with my assigned investigator. My name on this form constitutes my signature. |
| Signa | ature (Print or Type) Date |