GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF LABOR

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DIVISION OF LABOR RELATIONS

MANDATORY MEAL AND REST PERIODS COMPLAINT FORM

I. CLAIMANT INFORMATION — CLAIM NUMBER

Name: (Print first, middle & last names)

Mr. _____ Date: _____

Ms. _____ Phone: _____ Home

Phone: _____ Work

Phone: _____ Other

Physical Address: _____ Zip _____

Mailing Address: _____ Zip _____

Check one of these boxes:

☐ Present employee of establishment ☐ Former employee of establishment ☐ Other _____
(Specify: relative, union, etc.)

II. ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

Authorized Representative: _____ Phone: _____

Estimate number of employees_____ Does the firm have branches? ☐ Yes ☐ No ☐ Don't Know

If yes, name one or two locations: _____ _____

Nature of establishment's business: (for example; hotel, restaurant, shoe store, construction, school, farm, hospital, etc.)

_____

III. EMPLOYMENT INFORMATION

Period employed (month, year) From: _____ To: _____
(If still there, state present)

Date of birth if under 21: Month: _____ Day: _____ Year: _____

Give your job title: _____

Describe briefly the kind of work you do:_____

Method of payment: $ _____ per _____
(rate) (hour, week, month, etc.)

CHECK THE APPROPRIATE BOX(ES):

☐ Did not receive Meal Period

☐ Did not receive Rest Period

EXPLAIN BRIEFLY IN THE SPACE BELOW the employment practices which you believe violate the Mandatory Meal and Rest Period Law. (If you need more space use an additional sheet of paper and attach it to this form.)

(NOTE: If you think it would be difficult for us to locate the establishment or where you live, give directions or attach map)

I hereby affirm that the above charge is true to the best of my knowledge, information and belief.

_____ _____
Signature of Complainant Date