

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 an internal job posting. (Applies to employers with 15 or more employees only)

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.
- Attach any additional information or records related to your complaint, such as pay statements, personnel information, or employer correspondence (including emails and text messages). **This is very important to help us understand your complaint.**
- Mail your complaint form to:

Department of Labor and Industries
Employment Standards
PO Box 44510
Olympia, WA 98504-4510

Or

Bring your complaint form to your nearest L&I office.

! 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.



Equal Pay & Opportunities Act Complaint

Employment Standards

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

Section A – My Information

Preferred Language:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> 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	
Starting Date with this Employer	Are you still employed with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", last date employed	
Reason for Leaving <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't Know / Other:			
What kind of work do you do?			

Section B – Employer Information

Name of Company (Business Name)	Company Contact (Owner, Manager, or Supervisor) Name		
Address Where You Worked	City	State	Zip Code
Company Mailing Address (if different from where you worked)	City	State	Zip Code
Company Phone Number	Company Email Address		
Type of Business (for example: construction, restaurant, etc.)	Is the employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Bankrupt		

Section C – Equal Pay and Opportunities Act Complaint

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

<p>Select the violation of employee rights that you believe occurred:</p> <p><input type="checkbox"/> Unequal compensation based on gender</p> <p><input type="checkbox"/> Limited or denied career advancement opportunities based on gender</p> <p><input type="checkbox"/> Prohibited wage discussion</p> <p><input type="checkbox"/> Retaliation</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Not providing wage or salary range, benefits, and other compensation on an internal job posting</p>
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Select the violations of **applicant** rights that you believe occurred:

- ☐ 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

Section 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.

Signature (Print or Type)

Date

Next Steps:

1. **Review the form.** Make sure the information is as complete and accurate as possible.
2. **Save the form.** Change the default file name so you 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.
3. **Submit your form – you can mail or drop off your form to your local L&I office.** Need help finding your local office? Visit www.Lni.wa.gov/Offices. **Or submit the form to our secure file upload.** [Upload the file you have just save here](#). You can also use the link to send us documents, photos, and other supporting information along with this form. Send the form and any documentation you have all at once using this link.