



COMPLAINT FORM FOR FREELANCE WORKERS

Thank you for contacting the Office of Labor Policy & Standards (OLPS) within the New York City Department of Consumer Affairs (DCA). Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable.

If you have any questions about this form or would prefer to have a staff member help you complete the form, please contact DCA at Freelancer@dca.nyc.gov, call (212) 436-0380, or visit OLPS at the address below. If you need or prefer to use a language other than English, we can provide free translation assistance. You can submit the completed form in the following ways:

- Email: Freelancer@dca.nyc.gov OR
- Mail or hand deliver to: New York City Department of Consumer Affairs, Attn: Office of Labor Policy & Standards, 42 Broadway, 9th Floor, New York, NY 10004

After OLPS receives your completed form, we will contact you to gather any additional information we need or to notify you what action we will be taking.

FREELANCE WORKER INFORMATION						
First Name	M.I.	Last Name	Primary Language Used			
Address (Building Number, Street Name, Apartment/Suite/Other)						
City	State	ZIP Code	Borough			
Phone Number 1 (Primary)	Phone Number 2 (Secondary)		Email Address			
Business Name (if applicable)			Occupation			
Industry:	<input type="checkbox"/> Architecture/ Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Education	<input type="checkbox"/> Food/Dining	<input type="checkbox"/> Industrial/ Manufacturing	<input type="checkbox"/> Journalism/ Publishing
<input type="checkbox"/> Marketing	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Other Media	<input type="checkbox"/> Retail or Fashion	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____	
Have you retained an attorney to represent you in this matter?			<input type="checkbox"/> Yes	If Yes, please provide name and contact information.		
			<input type="checkbox"/> No			
<i>By providing your email address, you consent to receive communications electronically from the Department of Consumer Affairs (DCA), and you affirm that the email listed is a reliable form of communication for you.</i>						
HIRING PARTY INFORMATION						
Is Hiring Party an Individual or a Business? <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Other (specify):						
Name				Primary Contact		
Address (Building Number, Street Name, Apartment/Suite/Other)						
City	State	ZIP Code	Phone Number			
AGREEMENT BETWEEN YOU AND THE HIRING PARTY						
1. Briefly describe the work you were contracted to perform.						
2. What was the approximate value of the contract?	\$	3. What is the total amount owed to you?	\$	4. How much has the Hiring Party paid you to date?	\$	
5. On what date did you reach agreement with the Hiring Party?			____/____/____ (MM/DD/YY)			
6. Did you and the Hiring Party sign a written contract? (If Yes, attach it to this form.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	
7. Did you ask the Hiring Party to execute a written contract detailing the work agreement and they refused?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
8. If there was no written agreement, how did the Hiring Party communicate the payment amount for the work?			<input type="checkbox"/> Orally	<input type="checkbox"/> Email	<input type="checkbox"/> Through third party	
9. How much did the Hiring Party agree to pay you? (Please describe the total amount or, if applicable, the pay rate.)			\$			

10. If you completed the work under the contract, on what date did you complete the work?	____/____/____ (MM/DD/YY)
11. According to your agreement, when should the Hiring Party have paid you?	____/____/____ (MM/DD/YY)

ADDITIONAL QUESTIONS

1. Were you hired to perform work for a local, state, or federal government entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Were you hired to provide legal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did the work you were hired to do include acting as a sales representative for the Hiring Party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a licensed medical professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Were you hired to do the work individually or as part of a group of two or more people?	<input type="checkbox"/> Individually	<input type="checkbox"/> Group of 2 or more
6. Have you attempted to collect payment by initiating a court or administrative action? <i>If Yes, please provide the name, date, status, and case number:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Please indicate which of the following are relevant to your complaint. Check all that apply.

<input type="checkbox"/> Not paying you on or before the date(s) agreed to or within 30 days of finishing the work	<input type="checkbox"/> Refusing to provide a written contract detailing the work agreement	<input type="checkbox"/> Retaliating against you for exercising your rights under the Freelance Isn't Free Act (retaliation may include preventing you from obtaining future work opportunities)
<input type="checkbox"/> Refusing to include required terms in a written contract	<input type="checkbox"/> In order to be paid on time, asking you to accept less than the agreed-upon payment after you started the work	<input type="checkbox"/> Other (please specify):

8. In your own words, please describe your complaint against the Hiring Party. Use additional sheets, if necessary.

9. Please provide us with any additional information relevant to your complaint.

Please provide any relevant documents along with this form. This includes any written invoices or contracts, correspondence related to the terms of your payment, evidence showing previous attempts you have made to collect payment for the work performed, or copies of any civil or administrative complaints filed by you or the Hiring Party about the contract that is the subject of this complaint.

I affirm that to the best of my knowledge, this information is true, correct, and complete.

Signature of Freelance Worker filing complaint

Date

Print Name

If the Freelance Worker is under 18 years of age, please provide the following information:

Name of Parent or Guardian (please print)

Date

Signature of Parent or Guardian