

Investigations
PO Box 44277
Olympia WA 98504-4277

Call: 1-866-324-3310 or 360-902-9155
Email: CSIIDComplaints@Lni.wa.gov

You must file your complaint within 90 days of the alleged violation.

Case Number (Dept. Use Only)

Your rights are:

RCW 51.48.025 Retaliation by employer prohibited — Investigation — Remedies

- 1) No employer may discharge or in any manner discriminate against any employee because such employee has filed or communicated an intent to file a claim for compensation or exercise any rights provided under this title. However, nothing in this section prevents an employer from taking any action against a worker for other reasons including, but not limited to, the worker's failure to observe health or safety standards adopted by the employer, or the frequency or nature of the worker's job-related accidents.
- 2) Any employee who believes that he or she has been discharged or otherwise discriminated against by an employer in violation of this section may file a complaint with the director alleging discrimination within **ninety days of date of the alleged violation**. Upon receipt of such complaint, the director shall cause an investigation to be made, as the director deems appropriate. Within ninety days of the receipt of a complaint filed under this section, the director shall notify the complainant of his or her determination. If upon such investigation, it is determined that this section has been violated, the director shall bring an action in the superior court of the county in which the violation is alleged to have occurred.
- 3) If the director determines that this section has not been violated, the employee may institute the action on his or her own behalf.

In any action brought under this section, the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and to order all appropriate relief including rehiring or reinstatement of the employee with back pay.

Complainant's Information

Complainant's (Your) Full Name		Date of Birth	Date of Complaint
Current Address		City	State Zip Code
Home Phone Number	Cell Phone Number	Injury Claim Number	Date of Injury
Do You Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your preferred language for all communications with Labor & Industries?		
What is your preferred method of communication? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email		Current Email Address	

Employer Information

Business Name			
Business Address		City	State Zip Code
Supervisor's Name		Supervisor's Phone Number	
Your Job Title		How long did you work for the employer?	
Are you still employed with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your employment terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Last Worked:		Termination Date:	

Attorney Information

Do you have an attorney representing you with this complaint?

 Yes No

Attorney's Name

Attorney's Phone Number

Attorney's Address

City

State

Zip Code

Injury and Discrimination Information

Did you report your injury to the employer?

 Yes No

Name and Title of the person you reported this injury to

Are you released to work at this time?

 Yes Full Duty Light Duty No

Are you presently on light duty/restrictions?

 Yes No

Date You Returned to Work

Anticipated Release for Work Date

Date of Alleged Act of Discrimination

Action Taken by Employer

Why do you believe the employer took this action? If you need more space, attach additional pages.

List the names, address, and phone numbers of the witnesses to the alleged act(s) of discrimination.

Have you filed your complaint with any other agency?

 Yes No

If "Yes", which agency/agencies have you contacted?

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Print Name_____
Signature_____
Date**Mail completed forms to:** Department of Labor and Industries
Investigations
PO Box 44277
Olympia WA 98504-4277**Or email to:** CSIIDComplaints@Lni.wa.gov