Employment Standards Program
Department of Labor & Industries
PO Box 44510
Olympia WA 98504-4510
360-902-5316 or 1-866-219-7321

Protected Leave Complaint

For L&I use only

WA Unified Business Identifier (UBI):	
ESCH #:	NAICS #:

Types of protected leave

What types of complaints can L&I accept under protected leave laws? *An employee whose employer does not allow employees to take leave as provided under the following laws may file a complaint with L&I.*

The **Washington Family Care Act** allows use of paid leave to care for sick family members. The eligibility requirement provides that if an employee works for an employer with a paid-leave policy (sick, vacation, certain employer-provided short-term disability plans, or other paid time off), the employee is entitled to use choice of paid leave to care for sick family, including:

- Children under 18 with a health condition that requires supervision or treatment.
- Spouse, registered domestic partner, parent, parent-in-law, or grandparent with a serious or emergency health condition.
- Adult son or daughter incapable of self-care due to a disability.

The **Washington Family Leave Act (FLA)** covers certain individuals including registered domestic partners who work for an employer of 50 or more employees for those employees who have worked for at least 1,250 hours over the previous 12 months. It also covers women who are entitled to time off for pregnancy disability in *addition* to 12 weeks for other leave purposes.

Military Spouses May Take Leave for Deployment. Spouses or registered domestic partners of military personnel who receive notice to deploy or who are on leave from deployment during times of military conflict may take a total of 15 days leave per deployment. This law does not apply to leave after the deployment ends. The spouse employee requesting this leave must have been employed for an average of 20 or more hours per week.

Victims of Domestic Violence, Sexual Assault, or Stalking may take leave. Victims and their family members are allowed to take reasonable leave from work for legal or law-enforcement assistance, medical treatment, or counseling.

How to file your protected leave complaint:

- ☐ Complete and sign the attached form. Use a sheet of paper if you need more space to explain your complaint.
- ☐ Attach any documents, pay statements, letters, or other information you have that is about your request for leave, including employer correspondence, if any.
- ☐ Mail the form to the Department of Labor & Industries, Employment Standards Program, P O Box 44510, Olympia, WA 98504-4510 or bring it to L&I at 7273 Linderson Way SW, Tumwater, WA 98501-5414.

IMPORTANT: *If you are moving or have a new telephone number let us know right away. Call 360-902-4930 or 1-866-219-7321. If we can't contact you, it may delay the investigation.*

After we receive your complaint, we will asssign an Industrial Relations Agent to investigate your complaint. Due to the nature of leave protection laws, it will be necessary that L&I tells your employer that you filed a complaint.

A: Worker Information

Language preference (check one)
☐ English ☐ Spanish ☐ Russian ☐ Korean ☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Cambodian ☐ Other _____

Your name (last, first, middle initial) ☐ Mr. ☐ Mrs. ☐ Ms.	Social Security #	Home phone # ( )	Your cell phone # ( )
Home address	Complaint is for this period of time: From: To:		Your pay rate $
City State Zip	Date you began work with this employer:	If not still employed with this company, what was your last day?	
E-mail address	Are you still employed w/this company: ☐ Yes ☐ No	Reason for leaving job: ☐ Fired ☐ Quit ☐ Laid off ☐ Don't know	
What kind of work did you do?			

Form continued on reverse

B: Employer Information

Name of company	Name of company owner, manager, or supervisor	
Company mailing address	Company phone # ( )	Cell phone # ( )
City State Zip	FAX # ( )	E-mail, if known
Address where you worked if not at the above address	Type of company (For example: construction, restaurant, janitorial.)	
City State Zip	Has the company filed for bankruptcy? ☐ Yes ☐ No ☐ Don't know	Is the company still in business? ☐ Yes ☐ No ☐ Don't know

C: Type of Leave Requested (Check appropriate box for type of complaint.)

What type of leave did you request?

- ☐ Family Care Act (FCA)
- ☐ Family Leave Act (FLA)
- ☐ Leave for spouse or registered domestic partner of military personnel.
- ☐ Volunteer firefighter leave.
- ☐ Leave for victim or family member of victim of domestic violence, sexual assault, or stalking.

Alleged type of leave violation:

- ☐ Leave denied ☐ Denied choice of type of leave ☐ Disciplinary action
- ☐ Fired for taking leave ☐ Fired for asking to take leave
- ☐ Not restored to same or equivalent job ☐ Benefits limited or denied
- ☐ Other _____

Please complete the following information:

Did you request leave from your employer? ☐ Yes ☐ No If yes, on what date? _____

On what dates did you take leave or attempt to take leave? _____

Explain the situation in detail. You may attach additional sheets if you need more room.

Please attach any documents, pay statements, letters, or other information you have that is about your request for leave.

D: If we cannot reach you...

We need contact information for someone who will always know how to reach you.
(Please don't write in your own address or phone #.)

Your contact's name		
Address		
City State Zip		E-mail
Phone number # ( )	Cell phone # ( )	Work phone ( )

E: Worker Signature (required)

To the best of my knowledge, the information I have entered on this form is true and accurate.

Signature X	Date

For more information about your workplace rights and responsibilities in Washington, go to: ***www.WorkplaceRights.Lni.wa.gov***

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