Washington
Paid Family & Medical Leave

Unlawful Acts Complaint Form

Use this form to file a complaint if you think an employer or business committed an unlawful act with Paid Family and Medical Leave. Please note: You may file a complaint with the Department OR initiate a private civil action, but you may not do both (50A.40 RCW codification pending June 3, 2020).

What is an unlawful act?

An "unlawful act" is defined in 50.40.010 RCW and WAC 192-570-020. A finding of an unlawful act would mean the employer interfered with, restrained or denied the ability for the employee to use paid family or medical leave, or that the employer discharged or discriminated against an employee for filing a complaint or engaging in proceedings related to Paid Family and Medical Leave.

How do I send in my complaint?

You may mail or fax your complaint to the department. We will not accept complaint forms by email.

Employment Security Department
Paid Family and Medical Leave Care Center
P.O. Box 19020
Olympia, WA 98507-0020
Fax: (833)-535-2273

You may include additional documents with this complaint.

Questions?

Please contact our Customer Care Team at 833-717-2273 or paidleave@esd.wa.gov.

Section one: Your information *To be completed by the person filing the complaint (Complainant)*		
CONTACT INFORMATION		
First name:	**Last name:**	
Phone number:	**Email:**	
MAILING ADDRESS		
Address:		
City:	**State:**	**Zip:**
CASE INFORMATION *(Respondent)*		
Customer ID Number, Social Security Number, or ITIN (If known)**:**		

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Information about the business or employer you think committed an unlawful act:

Business Name:

UBI Number:

Address:

Phone:

Section two: Complaint details

Please provide as much detail as you can for the following questions.

How was your ability to apply for or use the Paid Family and Medical Leave program interfered with or denied?

How were you discharged or discriminated against as a result of your participation in the program? (if applicable)

Do you feel you were discharged or discriminated against for filing a complaint? If so, please explain. (if applicable)

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Please provide a brief narrative and any attempts you have made to contact your employer or to resolve the issue. If you have made attempts, please provide contact information with any results (including names, phone numbers and emails). Make sure to include any other details that may aid us in the investigation.
Please attach any copies of correspondence, emails, policies, union contracts, procedures or anything else to support your claim and that you wish to have considered. If the necessary documentation has not been provided, we may seek additional information from the employer or other interested parties to make the determination.

Section three: Signature

Please read, sign and date the complaint, then fax or mail to the department. We will not accept forms by email.

SIGNATURE
I certify under penalty of perjury that all the information included on this from is true and accurate and I understand that information involving the investigation and determination is to be made available to all interested parties. RCW 50A.40.020
Signature:
Date:

Investigation timelines vary due to specific circumstances and do not prevent you from taking the benefit, requesting redetermination and appeals or contacting private counsel. Please be advised employers or interested parties may be contacted during the course of the investigation and may be notified with the disposition of the case.