

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Employment Services

MURIEL BOWSER

MAYOR



ODIE DONALD II

DIRECTOR

OWH REFERRAL FORM

Date: \_\_\_\_\_ Taken By (Organization): \_\_\_\_\_

Event: \_\_\_\_\_

*Thank you for contacting the D.C. Office of Wage Hour (OWH). OWH is responsible for enforcing the wage laws of the District of Columbia. If your wage rights have been violated, please complete this form, and an OWH representative will contact you for additional information about the claim you wish to file.*

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Reason For Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE OF WAGE HOUR

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