Return to:
Travis County District Attorney's Office
Public Integrity & Complex Crimes
PO Box 1748
Austin, TX 78767
TCDAwagetheft@traviscountytx.gov

Austin Police Department
Travis County Sheriff's Office
Travis County District Attorney's Office
(512) 854-9530
FAX: 854-4810

REQUEST TO INVESTIGATE

Please fill out this form to the best of your ability, with the understanding that our office may use the information provided to investigate whether a person, business, or other entity has committed a crime under Texas law.

If you do not know or do not have some of the information requested, you may leave those items blank. However, if you do not provide us with enough information, we may not be able to begin an investigation. When you return this completed form to our office, please also include copies of any documents, recordings, or other materials that you have which relate to this matter. **Please do not send us originals but do keep all originals in a safe place in case they are needed for court purposes.** Please be aware that the law may require our office to disclose information that it receives about this matter to other parties. Our office cannot guarantee that the information or materials provided to us will be kept confidential.

Our office prosecutes criminal cases on behalf of the State of Texas. We do not represent individual clients in non-criminal cases. For this reason, our office strongly recommends that you also consult with a private attorney about this matter to determine if there are other legal rights or civil remedies that you may be entitled to.

(PLEASE TYPE OR PRINT)

I. INFORMATION ABOUT YOU (VICTIM OR COMPLAINING WITNESS):

_____
First name *Middle Name* *Last Name(s)*

_____ _____
Address (Street, City, State, Zip) *Phone (xxx-xxx-xxxx)*

_____ *Preferred Language:* ☐ English ☐ Spanish
Name of your company (if applicable) ☐ Other: _____

II. INFORMATION ABOUT THE PERSON OR COMPANY THAT HIRED YOU:

_____
Company or Employer Name

_____ _____
Company or Employer Address (Street, City, State, Zip) *Company or Employer Phone*

_____ _____ _____
Name of the person who hired you *Their Title* *Their Phone (xxx-xxx-xxxx)*

_____ *Their Preferred Language:* ☐ English ☐ Spanish ☐ Other: _____
Their License Plate # (State & Plate #)

_____
Race *Sex* *Height* *Weight* *Hair* *Eyes* *D.O.B or Approximate Age*

II. INFORMATION ABOUT THE PERSON OR ENTITY THAT HIRED YOU (cont'd):

Was the person or company that hired you performing services for another person or business?
☐ Yes ☐No ☐Unsure

If yes, whom? _____
Name of company or person

_____ _____
Address (Street, City, State, Zip) *Phone (xxx-xxx-xxxx)*

III. INFORMATION ABOUT THE ALLEGED OFFENSE:

What kind of work are/were you performing? _____

Were you hired in Travis County? ☐ Yes ☐No *Are/were you doing this work in Travis County?* ☐ Yes ☐No

_____
Worksite Address (Street, City, State, Zip)

Please attach any additional information regarding where work was performed, including additional worksite addresses if there was more than one or additional information about a worksite, such as the project's name or owner.

First day of work: _____ *Last day of work:* _____ or ☐ You still work for this employer
(MM/DD/YYYY) *(MM/DD/YYYY)*

If no longer working for this person or entity:
Were you fired? ☐ Yes ☐No ☐ Not sure *Did you quit?* ☐ Yes ☐No ☐ Not sure

Why are you no longer working for this person or business? _____

What was the promised pay rate? $_____ *per* ☐ Hour ☐ Day ☐ Piece ☐ Project
☐ Other _____

Did you sign a contract or other written document at the time you were hired? ☐ Yes ☐No
If yes, please attach a copy of the contract or other documents when submitting this form.

How did you expect to be paid? ☐ Cash ☐ Check ☐ Direct Deposit ☐ Payroll Card ☐Other: _____

*How much do you believe you are still owed for the work you performed? $*_____

Dates worked for which you are still owed money: _____

Have you communicated with the person or company that hired you about the pay owed? ☐ Yes ☐No

Have you sent a letter to the person or company that hired you to demand payment of money owed? ☐ Yes ☐No
If yes, please attach a copy of the demand letter and return receipt.

What has their response been? What is their reason for not paying you?

_____
_____
_____
_____

IV. ADDITIONAL INFORMATION

Is a community organization or attorney helping you with this matter? ☐ Yes ☐No

_____ _____
Name of Person *Organization (if applicable)*

_____ _____ _____
Title *E-mail address* *Phone (xxx-xxx-xxxx)*

Who is someone that we can contact if we need to speak with you but cannot reach you?

_____ _____ _____ _____
Name *Relationship* *Phone (xxx-xxx-xxxx)* *Preferred Language*

Have you reported this matter to another government agency? ☐ Yes ☐ No

If yes, which one?
☐ U.S. Department of Labor; *Complaint #:* _____
☐Texas Workforce Commission*; Claim #:*_____
☐ Sheriff or Police Department; Where*?* _____ *Report #:* _____
☐ Other: _____

Please include additional information about the steps you have taken to recover owed wages and the status of these agencies' investigations (if applicable) on the following page.

Please share the information of other affected workers or other witnesses that can support your claims:

_____ _____ _____ _____
Name *Relationship* *Phone (xxx-xxx-xxxx)* *Preferred Language*

_____ _____ _____ _____
Name *Relationship* *Phone (xxx-xxx-xxxx)* *Preferred Language*

_____ _____ _____ _____
Name *Relationship* *Phone (xxx-xxx-xxxx)* *Preferred Language*

_____ _____ _____ _____
Name *Relationship* *Phone (xxx-xxx-xxxx)* *Preferred Language*

V. DESCRIPTION OF YOUR CLAIM: *(attach additional pages if needed)*

Describe the exact nature of your complaint on the following page and on additional sheets, if necessary. Please be complete. Include the names of the individuals involved in this matter and the dates of all relevant events. If possible, explain what happened in the order the events occurred. With this form, you must provide copies of all relevant documents (see list below). **Keep all originals in a safe place in the event they are needed for court purposes**.

Please attach copies of all additional evidence that you have which support your claims, including but not limited to:

- Pay stubs
- Sign-in sheets
- Checks received or bank statements
- Receipts or invoices
- Contracts or services agreements
- Video or audio recordings
- Photos
- Text messages or emails
- Demand letters and return receipts
- Company policies or other documents received from the employer or at the worksite
- Employee badge or other employment identification card

EXPLAIN YOUR CLAIMS HERE

Return this completed form and all supporting documentation to our office by mail, e-mail, or fax:

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