

## EQUAL PAY

Maine law requires that employees be paid the same wages as employees of the opposite sex for work that is of a comparable nature in skill, effort and responsibility. If you are being paid less than an employee of the opposite sex for performing the same or a similar job and cannot answer any one of the following questions with a "yes", you can print and fill out the Equal Pay Complaint Form below and send it to the address shown on the form. If you have any questions, please call 207-623-7900.

1. Has the other employee worked for the business or in that job longer than you have?
2. Does the other employee have more training, education or experience related to the job than you do?
3. Is there a merit system in place which rewards employees with promotion, pay increases or other advantages on the basis of their abilities or qualifications?
4. Does the other employee have more responsibilities in comparison to your own?

### EQUAL PAY COMPLAINT FORM

#### COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Tel. (where you can talk in private) \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation/Classification: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Primary Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Description of the facts upon which complaint is based (please include names and occupations of other employees of opposite sex who are performing comparable work at higher wages):

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

(Continue on back if necessary)

#### EMPLOYER INFORMATION

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Owner/Mgr.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

I hereby attest that the facts presented in this complaint are true, to the best of my knowledge:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: **Maine Department of Labor, Bureau of Labor Standards, Wage-Hour Div., 45 SHS, Augusta, ME 04333**  
Tel. 207-623-7900  
Email (Ask the Expert) [www.maine.gov/labor/labor\\_laws/askexprt.html](http://www.maine.gov/labor/labor_laws/askexprt.html)