

[Today's date]

Connecticut Department of Labor
Wage and Workplace Standards Division
200 Folly Brook Boulevard
Wethersfield, CT 06109

Re: [Your name: First, middle, last], complainant
[Name of your employer], employer

Dear Sir or Madam:

Enclosed please find a Statement of Claim for Wages. Please feel free to contact me if any additional information is needed. Thank you for your assistance with this matter.

Sincerely,

[Your name]
[Address]
[City, State, Zip]
[Your Phone number]

Enclosures