

WAGE™ Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

Desired Outcome: _____

(*Required fields)

Please print out this form and mail it to:

Workers Advocacy Group Enterprises, LLC
8391 Beverly Blvd., #122
Los Angeles, CA 90048

Or you email your responses to info@workersadvocacy.com