Cherie K. Berry
Commissioner

Name
Investigator
Employment Discrimination Bureau

Exhibit 400-1

October 7, 2013

Complainant
Adress

File No.: case# **Complainant: Complainant name**
Respondent: Respondent name

Dear Mr. ___:

Per our phone conversation, this letter is to inform you that your complaint in the above captioned matter has been reviewed and that it has been determined that this office does not have jurisdiction over your wage complaint with _____. The appropriate agency with jurisdiction is the Wage and Hour Division of the U.S. Department of Labor. Please contact the U.S. Department of Labor at (919) 790-2741 or (704) 749-3360 if you wish to file a claim for alleged retaliation in response to your reporting concerns about overtime payments not made by _____.

Due to this lack of jurisdiction, your complaint with the North Carolina Department of Labor has been administratively closed and no further action will be taken by this office. Additionally, I am enclosing a copy of your complaint questionnaire per your request.

Sincerely,

Name

Discrimination Investigator

Cc: File
Respondent

Employment Discrimination Bureau, 1101 Mail Service Center · Raleigh, North Carolina 27699-1101
(919) 807-xxxx · Fax: (919) 807-xxxx · email