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BUREAU of LABOR & INDUSTRIES

Wage and Hour Compliant Civil Rights Questionnaire

Are you contacting BOLI about something that occurred in Oregon? ☒ Yes ☐ No

This complaint is against (check all that apply): ☐ A federal agency (includes US Postal Service)
☐ A federally recognized tribe or an entity owned by a federally recognized tribe
☐ A State or Public Body
☒ None of the above

Are you represented by an attorney? ☐ Yes ☒ No

Have you filed a legal action regarding this matter?

☐ Yes ☒ No ☐ Unsure

Are you completing this form on your own behalf or for another person? ☒ Myself ☐ Another person

Do you require an accommodation based on a disability to access BOLI services?

☐ Yes ☒ No

Do you need help to read or write?

☐ Yes ☒ No

COMPLAINANT INFORMATION

Complainant Legal First Name

Albert

Complainant Legal Middle Name or Initial

Dale

Complainant Legal Last Name

Lane

Complainant Preferred Name

Albert

Complainant Pronouns

He/Him

I would like BOLI to communicate with me in a language other than English.

☐ Yes

☒ No

Complainant Preferred Language

English

Complainant Address Type

Home

Complainant Address (Number and Street)

Homeless

Complainant Address (Apt#/Suite#)

Complainant City

Beaverton

State

OR

Zip Code

97003

Complainant Phone#

458-203-9279

Phone Type

Cellular

☒ Preferred

Complainant Email

lane.albert.device@gmail.com

Email Type

Home

Is there an alternate person to contact in case we can not reach you?

☐ Yes

☒ No

What is your complaint about?

☒ Violation of Workplace Rights

☐ Housing Protections

☐ Discrimination in a place of public accommodation

☐ Discrimination by a vocational, professional, or career school

VIOLATION OF WORKPLACE RIGHTS

Employers / Business Name

ALL SERVICE MOVING / ASM LLC / ASM Portland LLC / ASM Beaverton LLC

Associated Name Type

PRINCIPAL PLACE OF BUSINESS

Business Owner's Name (if known)

Jeff Graebel

Employer's Address (Number and Street)

66 SE MORRISON ST

Employer's Address (Apt#/Suite#)

Employer's Address (City)

PORTLAND

Employer's Address (State)

OR

Employer's Address (Zip)

97214

Is the workplace address different than the Employer's address? ☐ Yes ☒ No

Workplace Address (Number and Street)

66 SE MORRISON ST

Workplace Address (Apt#/Suite #)

Workplace Address (City)

PORTLAND

Workplace Address (State)

OR

Workplace Address (Zip)

97214

Employer's Phone Number

503-810-2770

Employer's Email

move@allservicemoving.com

Supervisors Name (if known)

Jonathan Powell

Estimate Number of Employees (in Oregon)

50+

Estimate Number of Employees (Nationwide)

50-499

Were you employed through a temp or staffing agency?

☐ Yes ☒ No ☐ Unsure

Is the business still operating?

☒ Yes ☐ No ☐ Unknown

Has business filed for bankruptcy?

☐ Yes ☐ No ☒ Unknown

What was your position?

Assistant Operations Manager

☐ I was discriminated against during the hiring/application process and have never been employed by the business I am filing this complaint against.

Complainant Job duties/description

De facto Operations Manager for 30-50 employees. Full-scope HR, training, hiring, termination, scheduling, dispatch, and 24/7 on-call escalations.

Complainant Date of Hire

05/13/2024

What is your current employment status with the employer?

Terminated

Complainant Last day of Employment (if applicable)

11/04/2025

Are multiple employees experiencing similar issues?

☒ Yes ☐ No ☐ Unsure

How many employees do you believe are impacted by this issue?

50

As a result of this matter, are you experiencing difficulty with (check all that apply):

☒ Housing expenses

☒ Medical expenses

☒ Food expenses

Are you a registered apprentice? ☐ Yes ☒ No

Are you a union member? ☐ Yes ☒ No

What is the issue of your complaint?

- ☒ I am owed wages
- ☒ I experienced violations of wage and hour laws, including rest/meal periods, sick leave, child labor violations, and prevailing rate.
- ☒ I experienced harassment, retaliation, discrimination, or other civil rights violations at work because of my protected class or activity.

WAGE COMPLAINT

What is the nature of your complaint? (check all that apply):

☐ Child Labor

☐ Expression of Milk

☒ Final paycheck

Have you received your final paycheck? ☒ Yes ☐ No

☒ Sick Leave

What is the sick leave violation?

- ☒ Not allowed to use
- ☐ Not paid for sick leave used
- ☐ Not carrying over unused sick leave
- ☐ Not documenting sick leave balance

☒ Deductions

Deductions made without agreement? ☒ Yes ☐ No

Describe deductions

As a salaried employee, I was told my pay would be reduced (or PTO docked) if I did not work a required 50 hours per week. This is an illegal deduction policy for an exempt employee and proves my misclassification.

☐ Predictive scheduling

☐ Prevailing Wage/Public Works Project

☒ Rest and meal periods Are you a tipped food and beverage server? ☐ Yes ☒ No

☐ Personnel Records

Describe the Issue

Illegally misclassified as exempt to avoid paying overtime for 70-90+ hour weeks. I was denied all sick leave and was scolded for being sick. They also threatened illegal salary deductions. They have failed to pay my final paycheck (inc. 166+ hours of PTO) by the legal deadline.

WAGE CLAIM

Identify type of missing wages (check all that apply):

☒ Final paycheck

☒ Overtime What was the overtime rate of pay? **41.64**

☒ Regular wages

☒ Benefits Describe the benefits owed and date they were earned
166+ hours of accrued PTO (Vacation Pay) as shown on my last paystub. Earned from 05/13/2024 to 11/04/2025.
Amount of benefits you are owed? **166.00**

☒ Sick Leave What date(s) did you request to use sick leave which you weren't paid?
07/01/2025
If denied pay for sick leave for more than five consecutive days, please enter a date range.

☐ Prevailing wage on a Public Works Project

☒ Other If other, please explain
Penalty Wages: For employer's willful failure to pay all final wages by the legal deadline of 11/05/2025.

Please check all areas that may apply:

- ☐ I was under the age of 18 when this occurred
☒ These wages are being claimed for work performed in the last two years
☐ I worked in Construction
☐ None of the above

First date owed wages
05/13/2024

Last date owed wages
11/04/2025

When were the wages due?
11/05/2025

What was your rate of pay?
57,750.00

Total wages owed
4,608.16

Pay rate type
year

Have you asked your employer for wages owed? ☒ Yes ☐ No

Did your employer indicate why they didn't pay you?

No. They failed to respond to my formal 11/4 email request. Their only contact was an unofficial WhatsApp message from payroll that did not provide a reason or the statement. They have willfully missed the legal deadline.

Did you receive a partial payment for the amount due? ☒ Yes ☐ No ☐ Unsure

If yes, list partial amount paid **1,675.14**

Describe the Issue

I received a single, handwritten, undated 'final check' on 11/4. This was a partial payment. It did not include my 18 months of overtime or my 166+ hours of accrued PTO.

Witness Information

Do you have witnesses who observed events related to your allegations of discrimination? ☒ Yes ☐ No

Witness First Name

Carlos

Witness Last Name

Munoz

Witness Email Address

Carlos@allservicemoving.com

Witness Telephone Number

503-766-2000

What did this person witness?

Carlos is an hourly-paid Operations Admin Assistant who I trained. He was permitted by our manager (Jon Powell) to attend the weekly Operations Meetings. I, his salaried "manager," was explicitly barred from these same meetings. This proves my non-managerial, misclassified status.

Witness First Name

Brian

Witness Last Name

Murray

Witness Email Address

brian@allservicemoving.com

Witness Telephone Number

503-766-2000

What did this person witness?

Brian is a protected-class (physically disabled) employee. Brian witnessed our manager, Jon Powell, use a company forklift to move his car, dump it, and have it destroyed. This proves the hostile, vindictive environment and why employees are afraid to report issues.

Witness First Name

Janet

Witness Last Name

Jackson

Witness Email Address

janet@allservicemoving.com

Witness Telephone Number

503-766-2000

What did this person witness?

Janet is the payroll employee who was instructed to contact me on my personal WhatsApp (an unofficial channel) to stall my formal 11/4 email request for my final wage statement. This proves the company willfully avoided my official request and missed the legal deadline.

Evidence/Documents

Do you have any evidence or documents to support your complaint? ☒ Yes ☐ No

Document Type
Main Complaint Narrative

Document Name
Albert Lane - Complaint Narrative.pdf

Description
Main Complaint Narrative. Details my high-priority Retaliation, Misclassification/Overtime, and Public Safety (Explosive/Fraud) claims.

Document Type
Evidence

Document Name
Albert Lane - Evidence.pdf

Description
Consolidated Evidence File. Includes Offer Letter, Paystubs (proving 166+ hours PTO), ED Fraud Report, Handbook PTO Page, and 'Final Check' evidence.

CIVIL RIGHTS VIOLATIONS

What was the most recent date you were harmed?

11/04/2025

To file a discrimination complaint, you must designate the protected class(es) that were violated.

Please select all that apply and answer the applicable questions for each.

- | | | |
|--|--|--|
| ☐ Race/Color | ☐ Religion | ☐ Oregon Family Leave Act ("OFLA") / Paid Leave Oregon |
| ☐ National Origin | ☐ Sexual Harassment | ☒ Whistleblowing (workplace safety hazards/OSHA retaliation) |
| ☐ Sex/Gender (includes pregnancy) | ☒ Disability | ☒ Retaliation/Whistleblowing (general) |
| ☐ Gender Identity | ☐ Injured Worker/Workers' Compensation | ☐ Family Relationship |
| ☐ Sexual Orientation | ☐ Victim of Domestic Violence/Stalking | ☐ Other Protected Class |
| ☐ Age | ☐ Veteran Status (Veterans' Preference) | |
| ☐ Marital Status | ☐ Sick Leave | |

Civil Rights Violation - Disability

Check all that apply:

- ☐ I currently have a disability or serious health condition that substantially limits one or more major life activities
- ☐ I previously had a serious health condition that my employer is aware of
- ☐ My employer believes or treats me as though I have a disability
- ☒ I have a known relationship or association with an individual with a disability

What major life activities are substantially limited by your disability/health condition?

This claim is based on my association with my co-worker, Brian Murray, who has a known physical disability that substantially limits his mobility.

How and when did your employer first become aware of your disability? If you informed your employer, please specify who you told (name and job title).

Date	To whom? (name and job title)	How your employer became aware of your disability
08/18/2025	This pertains to my co-worker, Brian, not myself.	Brian's physical disability was open, obvious, and known to all management, including my manager, Jon Powell.

☐ My employer is not aware of my disability.

Do you require an accommodation to perform all the essential duties of your position? ☐ Yes ☒ No ☐ Unsure

Is your complaint today related to a request for disability accommodations? (i.e. do you believe your employer has denied, interfered with, or otherwise discriminated against you because of your requests for accommodation?)

☐ Yes ☒ No ☐ Unsure

Is there anything else you would like us to know about your request for accommodations?

Please describe how your employer discriminated against you on the basis of your disability (other than denial of reasonable accommodation). For each action described, please provide the approximate date and the person who harmed you (name and job title).

Date	The person who harmed you (name & job title)	Harm
08/18/2025	Jon Powell (Oregon District Manager)	Created hostile environment. Manager Jon Powell destroyed disabled employee Brian Murray's car. Jon showed me photos, then falsely blamed and fired another employee (Kevan Furguson) to cover it up. This proved the culture of fear and retaliation that prevented me from reporting other violations.

Whistleblowing (workplace safety hazards/OSHA retaliation)

What information did you report?

I am reporting that in July 2025, my manager Jon Powell brought a 'percussive explosive device' to the office. He showed it to me and stated he 'carries it at all times.' This is a massive, ongoing public safety hazard.

Were you subject to an adverse employment action (retaliation) for reporting or opposing workplace health or safety concerns?

☐ Yes ☒ No

Did you report health/safety concerns to your employer?

☐ Yes ☒ No

Did you file a complaint or contact OSHA about your concern?

☐ Yes, I filed an anonymous complaint with OSHA

☐ Yes, I filed a complaint with OSHA under my name

☒ No, I have not filed a complaint with OSHA

Please describe how your employer retaliated against you for your workplace health/safety report. For each action described, please provide the approximate date and the person who harmed you (name and job title).

Date	The person who harmed you (name & job title)	Harm
11/04/2025	Jon Powell (Oregon District Manager)	I did not report this earlier out of a justified fear of retaliation. I had already seen my manager (Jon Powell) destroy a disabled employee's car and fire another employee (Kevan) to cover it up. I knew I would be fired for reporting the explosive, just as I was fired for my other complaints.

Whistleblowing (general)

Did you report a violation of state or federal law, rule, or regulation?

☒ Yes ☐ No

Date	To whom? (name and job title)	☐ Verbally ☒ In writing ☐ Other
10/26/2025	Human Resources (HR) and Payroll departments at All Service Moving	

Please describe the content of your report as accurately as possible.

I sent three separate emails. One asked why my 401k (promised in my offer letter) was canceled. The second asked about my missing healthcare/dental. The third was a formal inquiry into my pay stubs, the LLC switch, and my suspicion of tax/payroll irregularities.

Which law, rule, or regulation did you believe was being violated?

**Breach of Contract (my offer letter)
Oregon wage and payroll laws (ORS 652)
Suspected payroll tax fraud and failure to provide benefits (ERISA)**

Please describe the specific actions your employer took against you because of your whistleblower report. For each action described, please provide the approximate date and the person who harmed you (name and job title).

Date	The person who harmed you (name & job title)	Harm
11/04/2025	Jon Powell (District Manager)	I was terminated. This was in direct retaliation for my formal, written complaints sent to HR/Payroll on 10/26/2025. My complaints were about my missing benefits (401k, health) promised in my offer letter and my suspicion of tax/payroll fraud (the LLC switch).

Sign and Submit

Assignment of Wage Claim

I hereby assign in trust to the Labor Commissioner of the State of Oregon all wages, whether penalty or otherwise, due to me from my past employer or any person legally responsible for the payment of my wages.

By this statement I authorize the Labor Commissioner to equitably adjust and compromise the amount of wages owed to me, whether penalty or otherwise, due me from my previous employer or any person legally responsible for the payment of my wages.

If the Bureau settles my claim and I receive the amount settled upon, I agree to give up any rights I may have to bring suit for additional wages or penalties.

I state that the information submitted in this form is true and accurate to the best of my knowledge. I agree to immediately inform the Bureau if I obtain any payment for the wages I am claiming from the employer or any third party.

Civil Rights Questionnaire

I certify that the information I have given on the Civil Rights Division's online questionnaire is complete and correct to the best of my knowledge. I agree to allow the Civil Rights Division to contact me, and I acknowledge that failure to respond to the Civil Rights Division's attempts to contact me may result in the closure of my inquiry.

I also understand that the online questionnaire is not a formal complaint filed with the Civil Rights Division.

Complainant's Signature

Albert Lane

By entering your name above, you are signing this form electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on this document, and that it has the same meaning as your handwritten signature.