

**MINIMUM WAGE AND PAID SICK LEAVE ORDINANCE
COMPLAINT DECLARATION FORM**

Instructions: Please fill out the form completely as possible. You may omit questions that do not apply to you. Please attach additional sheets of paper if more explanation is needed for any of the questions.

Date: _____

Employee Name: _____

Employee Address: _____

Employee Phone Number: _____

Employee Email: _____

Preferred Language: _____

Business Name: _____

Business Owner or Manager: _____

Business Address: _____

Business Phone Number: _____

Business Email: _____

1. Have you worked at least 2 hours in a calendar week in Emeryville, California?

- Yes
- No

2. Why you are submitting this complaint?

- I'm not being paid the required minimum compensation.
- I'm not receiving or being allowed to use sick leave.
- I am not receiving my service charges from my hospitality employer.
- I have been subject to retaliation for exercising my rights under the City's Minimum Wage and Paid Sick Leave ordinance.
- Other (provide a brief description): _____

3. What is your position or description of your duties (e.g. driver, cook, etc.)?

4. When did you begin work for this employer? _____

5. Are you still employed by this employer?

Yes

No. If NO, when was your last day of work? _____

Why are you no longer working for this employer?

6. Who sets your schedule and supervises your work?

7. Do you have records of the hours you work?

Yes

No

8. Are you required to record your start and end time for each period of work?

Yes

No

If YES, how are the hours you work recorded (examples: punch in and out on a time clock, self-completed time sheet/time card)?

If NO, explain how your hours are tracked.

9. What is your current rate of pay per hour? _____

10. Have you been properly paid for all hours worked?

Yes

No. If NO, please specify the period of time you were not properly paid.

11. Do you have any pay stubs or receipts?

- Yes. If YES, please attach copies of pay stubs/receipts for the period during which you believe you were not receiving proper payment.
- No. If NO, please attach copies of any documentation you have showing the payment you have received and hours you have worked.

12. How much sick leave have you accrued working for this employer since July 1, 2015 or your hire date, whichever is later? _____

13. If you do not have a spouse or domestic partner, has your employer provided you with an opportunity to designate another individual for whom you can use your sick leave to provide care?

- Yes
- No

14. Have you been denied use of your sick leave?

- Yes. If YES, please specify when you were denied sick leave and the reason the employer provided for denying your request.

- No.

15. If you work for a hospitality employer, has your employer provided you with written notification of service charge distribution?

- Yes. If YES, please attach a copy of the service charge distribution.
- No.

16. Have you received your share of the service charge?

- Yes
- No. If NO, please specify when you were not properly paid.

17. Are you a member of a union?

- No
- Yes. If YES:

(a) What is the name of your union? _____

(b) What is the name of your business agent/union rep? _____

(c) If available, please attach a copy of the collective bargaining agreement/union contract

18. Have you ever complained or asked your employer questions about your pay or benefits?

- No
- Yes. If YES, please provide the date of your inquiry/complaint, the name and title of who you talked to and their response.

19. Has your employer ever retaliated against you for raising issues about your pay or benefits?

- No
- Yes. If YES, please describe what happened.

20. Do you wish to keep this complaint anonymous? (*Keep your name confidential from your employer*)

- Yes, I want to keep this complaint confidential.
- No, it is OK for my employer to know I submitted this complaint.

21. How many employees work for your employer? _____

22. Do you have anything else to add? If so, please attach copies of any documentation to substantiate your claim, such as written communication from employer, statement of benefits, etc.

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____