



Case Number: _____

Health, Housing &
Community Services Department
Housing & Community Services Division

- 1. Is this claim regarding work performed for at least 2 hours per week in Berkeley, CA?
 - Yes
 - No

2. Type of Complaint:

Living Wage Ordinance (BMC 13.27)

- Living Wage not paid if checked, pay rate is: _____
- Medical Benefits not offered and additional pay not provided

Minimum Wage Ordinance (BMC 13.99)

- Minimum Wage not paid if checked, pay rate is: _____
- Minimum Wage notices not posted in a place where employees can view
- Service Charges not distributed appropriately
- Service Charges distribution formula not distributed to employee(s).

Paid Sick Leave (BMC 13.100)

- Paid Sick Leave not provided or less than required accrual
- Denial of use of Paid Sick Leave
- Paid Sick Leave accrual not shown on pay stub or other document

Berkeley Family Friendly and Environment Friendly Workplace Ordinance (BMC 13.101)

- Written request for Flexible or Predictable schedule not responded to within 21 days.

Retaliation

- Alleged retaliation related to invoking or inquiring about labor rights.

3. Complaint if for the following period of time:

Start date: _____

End date: _____

What is your pay rate: \$ _____ per _____
hour/day/week/month

How often are or were you paid? _____

(For example, weekly, every two weeks, monthly)



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4. Please provide your contact information:

Name: _____

Current address: _____

City _____ State _____ Zip Code: _____

Phone Number: _____

Cell

Home

Email address: _____

Do you prefer to be contacted by phone or Email Both?

If by phone, best times to reach you: _____

5. What is your preferred language? _____

6. Please provide Employer information:

Name of Company: _____

Supervisor Name: _____

Address: _____

City

State

Zip Code

Phone number: _____

Type of business (please check one):

<input type="checkbox"/> Administrative Headquarters	<input type="checkbox"/> Massage
<input type="checkbox"/> Auto Vehicle For Hire	<input type="checkbox"/> Motor Vehicle Sales
<input type="checkbox"/> Business Personal Repair Svs	<input type="checkbox"/> Non Profit Organizations
<input type="checkbox"/> Cannabis	<input type="checkbox"/> Professional SemiProfessional
<input type="checkbox"/> Construction or Contractor	<input type="checkbox"/> Recycling
<input type="checkbox"/> Entertainment Recreation	<input type="checkbox"/> Rental of Real Property
<input type="checkbox"/> Food Vendors	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> General	<input type="checkbox"/> Solicitor
<input type="checkbox"/> Grocer	<input type="checkbox"/> Street Vendors
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Trade



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Do you work at the above address? Yes no

Are you currently working at the above-named business? Yes no

If not, please provide location of where you or the employee currently works:

Name of Company: _____

Supervisor Name: _____

Address: _____

City

State

Zip Code

Phone number: _____

7. Supporting Documentation:

Check the boxes below to show which records you have available to support your claim. Note: City staff will request copies of supporting documents after you submit your complaint.

- Payroll check stubs
- Records of hours worked
- Time card
- Written wage agreement
- Employee handbook
- Bank deposit statements
- Copies of complaints to other labor enforcement entities, i.e. DIR, DLSE, etc.
- Service Charge distribution formula
- Other (please describe) _____

Comments: _____

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



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Employee Signature: _____ Date: _____

City Staff: _____ Date: _____

Please return via US Mail to:

City of Berkeley
Minimum Wage Ordinance
P.O. Box 700
Berkeley, CA 94701-0700

Or drop off in person at:

HHCS, Minimum Wage Ordinance
attention: Nathan Dahl
2180 Milvia St. 2nd floor
Berkeley, CA 94704

Or Email to: Rules4work@cityofberkeley.info