

**CITY OF SACRAMENTO LIVING WAGE ORDINANCE
EMPLOYEE COMPLAINT FORM**

Use this form if you believe you are not being paid at the rate to which you are entitled under the City of Sacramento's Living Wage Ordinance (LWO) and wish to file a complaint with the City.

Your Name: _____ Today's Date: _____
Your Address: _____
City: _____ State: _____ ZIP: _____ Home Phone: _____

You are Filing a Complaint Against: _____
Name of Company/Organization: _____
Their Address: _____
City: _____ State: _____ ZIP: _____ Main Phone: _____
City Project Name/Contract Number: _____
Supervisor's Name: _____
If You do Not Work At The Address Above, Please Give the Address of the Company's Site Where You Work:

Describe Your Complaint:

Attach additional pages if necessary. Attach any related documents or evidence, such as copies of your pay stubs showing wages paid to you.

How Long Has This Problem Existed? _____

The City will keep your name and other identifying information confidential, to the maximum extent permitted by applicable laws.

CERTIFICATION: To the best of my knowledge, the information on this form is true:
Signature _____ Print Your Name _____

**Please return this form to Contract Services, 915 I Street, 2nd Floor, Sacramento, CA 95814
Call (916) 808-6240 for more information.**

DO NOT WRITE BELOW. FOR CITY USE ONLY.

DATE RECEIVED:

RESOLUTION:

