



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

Case Number: \_\_\_\_\_

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

2. Type of Complaint:

**Fair Workweek Ordinance (BMC 13.102)**

- Two weeks' advance notice of work schedule not given
- Schedule changed without honoring employee's right to decline
- Predictability pay for a schedule change not issued
- Additional hours not offered to existing employees before new employees were hired
- Right to rest between shifts violated
- Other violation: \_\_\_\_\_

**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.



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

Case Number: \_\_\_\_\_

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)

4. Please provide your contact information:

Name: \_\_\_\_\_

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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: \_\_\_\_\_



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

Case 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 Svcs	<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

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.



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

Case Number: \_\_\_\_\_

- 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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or drop off in person at:**

HHCS, Minimum Wage Ordinance  
Attention: Labor Standards and Enforcement  
Coordinator  
2180 Milvia St. 2<sup>nd</sup> floor  
Berkeley, CA 94704

**Or Email to:**      [Rules4work@cityofberkeley.info](mailto:Rules4work@cityofberkeley.info)