Print Form

CITY OF LOS ANGELES
Department of Public Works
Bureau of Contract Administration
Office of Contract Compliance

EMPLOYEE COMPLAINT FORM

(Please print clearly)

Project Name: _____

Project Location: _____

Employing Contractor: _____

Name of Supervisor: _____

EMPLOYEE DATA

(The information written on this form is completely confidential)

Your Name: _____ Social Security No. (Last 4 digits): _____

Address: _____

Phone Number(s) _____ Email Address (if available): _____

Hourly Rate Paid $ _____ Overtime Rate Paid $ _____

Fringe Benefits Paid? ☐ Yes ☐ No If yes, how much? $_____

Date Hired: _____ Date Laid Off/Terminated (if applicable): _____ Shift(s) Hours: _____

Craft(s) Performed: _____

_____

_____ Union Member? ☐ No ☐ Yes, Local # _____

Employee Complaint (Use additional pages if more space is needed): _____

_____

_____

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_____

I hereby certify that the above information is true and correct to the best of my knowledge.

_____ _____

Employee's Signature Date

Please send or fax the signed copy of this compliant to:

Office of Contract Compliance
1149 South Broadway Street, Suite 300
Los Angeles, CA 90015
Fax: (213) 847-2777