



**City of San Diego**  
**Earned Sick Leave and Minimum Wage**  
**Complaint Declaration Form**

FOR ENFORCEMENT OFFICE USE ONLY

BUS. CERT #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CASE #: \_\_\_\_\_

\*indicates a required field

**Contact Information**

Name

Mailing Address

City

State

Zip

Best way to contact you    ☐ Email    ☐ Phone    ☐ Both

Email

Phone

**Work Information**

Employer/Business Name (name of business as shown on your paycheck) \*

Manager or Owner Name

Your Work Address(es) (this must be within the City of San Diego) \*

Describe your complaint in detail \*