

## **EQUAL Pay Ordinance**

1200 Third Avenue, Suite 200, MS 56P, San Diego, CA 92101 Phone (619) 236-6000 Fax (619) 236-5904 EqualPay@sandiego.gov

## **EMPLOYEE COMPLAINT FORM**

The City of San Diego requires employers who contract with the City to pay each of its employees the same wage rate for equal or substantially similar work regardless of gender, race, or ethnicity. A wage differential may be legally permissible if it is based upon one or more of the following factors: a seniority system, a merit system, a system that measures earnings by quantity or quality of production, or a bona fide factor other than sex, race, or ethnicity, such as education, training, or experience. (Chapter 2, Article 2, Division 48 of the San Diego Municipal Code, known as the "Equal Pay Ordinance").

Please note: The City will maintain the confidentiality of the complainant to the extent permissible by law.

Company Information					
Company Name:					
Company Address:					
Company Phone:					
Work Site Address:					
Supervisor Name:					
Complainant Information					
Your Name:					
Address:					
Phone Number Home:	Work:	Cell Phone:			
Current Job Title:					
How long have you worked for the	e company?				

Complaint Complaint				
Please describe all actions taken by the Company named a Pay Ordinance. For example, describe the work you per responsibilities required to perform the work; your title; you perform the same work; and any other helpful information.	erform; wor our date of h	k condit	tions; skills, e	effort, and
		Use add	itional sheets	as needed
Signature:	Date:	/	1	
Date of Receipt:	Contract No	umber:		