

## Office of Labor Standards & Enforcement Living Wage Complaint Form

## **Contact Information**

Complainant Name				
Mailing Address				
City	State		Zip	
Best way to contact you: O Ema	ail O <sub>Phone</sub> OBoth			
Email		Phone		
Work Information				
Contractor/Employer Name				
City Contract Name and/or Bid N	umber (if known)			
Your Work Address(es) and/or Lo	ocation(s) Where Work	Was Perfor	med	

Describe your complaint in detail. Attach additional pages as necessary.

Living Wage Program 202 C Street, MS 8A San Diego, CA 92101 ContactLWO@sandiego.gov