



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

FOR ENFORCEMENT OFFICE USE ONLY
BUS. CERT #:
DATE RECEIVED:
CASE #:

PART 1: EMPLOYEE INFORMATION

Providing your name and contact information will expedite review of your complaint. The Enforcement Office will maintain confidentiality of any person reporting an alleged violation and persons assisting in any investigation, to the extent permitted by law. The Enforcement Office may disclose information as necessary to enforce the Earned Sick Leave and Minimum Ordinance or for other lawful purposes.

NAME DATE

EMAIL PHONE NUMBER

MAILING ADDRESS

PART 1: EMPLOYER INFORMATION

BUSINESS NAME

BUSINESS ADDRESS

ADDRESS WHERE YOU WORK(ED)

MANAGER/OWNER NAME

MANAGER/OWNER EMAIL

PHONE NUMBER TYPE OF BUSINESS

PART 3: JURISDICTION/COMPLAINT

Did you work at least 2 hours within the City of San Diego limits in any given week?

Yes No

CLAIM PERIOD: / / TO / /

TYPE OF COMPLAINT (Please check all that apply):

- Paid Sick leave Minimum Wage Retaliation
Notices (minimum wage or accrual of sick leave) not posted or Employer to Employee notice not provided

HOURLY WAGE NUMBER OF PAID SICK DAYS RECEIVED

HOW YOU ARE PAID: (check, cash, other, etc.)



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OTHER INFORMATION TO SUPPORT CLAIM:

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Attach copies of any documentation to substantiate your claim, such as written communication from employer, timekeeping records, copies of paystubs, cancelled checks, sick time policy, etc.

I declare that the above statements are true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit completed forms to the City of San Diego, Minimum Wage Enforcement Office:

- Via email to [SDEMinWage@sandiego.gov](mailto:SDEMinWage@sandiego.gov)
- Via fax to 619-533-3320
- Via mail to PO Box 122289, San Diego, CA 92112

If you have questions, contact the City of San Diego’s Minimum Wage Program at (619) 615-1565.