



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

FOR ENFORCEMENT OFFICE USE ONLY
BUS. LIC #: _____
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 2: 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

Notices (minimum wage or accrual of sick leave) not posted or Employer to Employee notice not provided

Complaints alleging violations of the minimum wage or retaliation provisions of the Ordinance can be filed with the California Labor Commissioner's Office. Information regarding these processes and how to file claims can be found at the California Department of Industrial Relations webpages:

- [Wage Claim Adjudication process](#) - Information on how to file a claim for nonpayment of wages
- [Retaliation Complaint Investigation unit](#) - Information on how to file a retaliation complaint



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HOURLY WAGE _____ NUMBER OF PAID SICK DAYS RECEIVED _____

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

OTHER INFORMATION TO SUPPORT CLAIM:

Multiple horizontal lines for providing supporting information.

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 SDMinWage@sandiego.gov
• Via fax to 619-533-3320
• Via mail to PO Box 122289, San Diego, CA 92112