



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 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

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.)

