



# FREELANCE WORKER PROTECTIONS ORDINANCE COMPLAINT FORM



Thank you for contacting the Office of Wage Standards. Please use the following guide to assist in completing the Freelance Worker Protections Ordinance (FWPO) Complaint Form. If you cannot answer every question on the form, you may still submit it to the Office of Wage Standards (OWS). Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable. Please send the complaint form and any supporting documentation to [wagesla@lacity.org](mailto:wagesla@lacity.org).

## COMPLAINT CHECKLIST

The below Complaint Checklist is used to determine the Freelance Worker’s eligibility to submit a valid complaint to the OWS.

1. Do you fall under the definition of a Freelance Worker under the Freelance Worker Protections Ordinance?
2. Have you entered into a written or oral contract with a Hiring Entity on or after July 1, 2023?
3. Have you performed work within the City of Los Angeles that is entitled to a payment of \$600 or more in the calendar year for the same Hiring Entity? To check whether your work location is within the City of Los Angeles, you may search the address at [neighborhoodinfo.lacity.gov](http://neighborhoodinfo.lacity.gov). If the address was entered correctly and is located within the City of Los Angeles, information regarding that address should be displayed. If there is no information displayed, then it is possible the address is not located in the City of Los Angeles.

If “Yes” responses were provided to all 3(three) questions, please move forward with completing the FWPO Complaint Form.

## SECTION I: FREELANCE WORKER INFORMATION

- **Personal Information:** Enter your name, mailing address and contact information. Please provide your phone number and email where OWS can reach you in case additional information is required to process your complaint.
- **Business Information:** State your Business Name (if applicable) and your Occupation. Please also mark down the industry of your occupation. If you or your business has Employees, then the FWPO may not apply to you.

## SECTION II: HIRING ENTITY INFORMATION

- **Hiring Entity Information:** Enter the Hiring Entity name, mailing address and contact information to the best of your ability.

## SECTION III: COMPLAINT INFORMATION

- **Complaint Information:** Describe the work you were hired to perform. Provide the total amount that that Hiring Entity has agreed to pay you and provide the total amount that the Hiring Entity has paid you to date. Please provide the date the agreement was reached and if a written contract was signed. If there is a written contract, please specify the date the work was complete. If there was no written contract, please provide how the Hiring Entity communicated the payment amount for the work. Provide the address or addresses of work completed whether it was or was not in the City of Los Angeles. Please provide all information relevant to your complaint. Please include all documentation that will assist in evaluating your complaint and attach if available.
- **Signature:** Sign and date the form. Please note you are signing the form under penalty of perjury.



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## SECTION I: FREELANCE WORKER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (Building Number, Street Name, Apt/Suite/Other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Occupation: \_\_\_\_\_

|                                    |  |                                       |  |   |   |  |
|------------------------------------|--|---------------------------------------|--|---|---|--|
| <b>Industry:</b>                   | <input type="checkbox"/> Architecture/Design | <input type="checkbox"/> Construction | <input type="checkbox"/> Education         | <input type="checkbox"/> Food/Dining    | <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Journalism/Publishing |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Other Media  | <input type="checkbox"/> Retail or Fashion | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____              |  |

## SECTION II: HIRING ENTITY INFORMATION

Is Hiring Entity an Individual or a Business?  Individual  Business  Other (specify): \_\_\_\_\_

- Does the Hiring Entity hire app-based drivers for transportation and delivery services?  Yes  No

Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address (Building Number, Street Name, Apt/Suite/Other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Phone: ( ) - \_\_\_\_\_ Business Email: \_\_\_\_\_

## SECTION III: COMPLAINT INFORMATION

1. Briefly describe the work you were hired to perform.

2. How much did the Hiring Entity agree to pay you? (Please provide the total amount or, if applicable, the pay rate.)

3. How much has the Hiring Entity paid you to date? \_\_\_\_\_

4. On what date did you reach the agreement with the Hiring Party? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

5. Did you and the Hiring Entity sign a written contract?  Yes  No  Other (Please specify) \_\_\_\_\_



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6. If there was no written agreement, how did the Hiring Entity communicate the payment amount for the work?

Orally     Email     Other (Please specify) \_\_\_\_\_

7. If you completed the work under the contract, on what date did you complete the work? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

8. Did the work occur in the City of Los Angeles?  Yes     No     Other (Please specify) \_\_\_\_\_

8a. Please list the address(es) of where the work was completed:

9. If you believe your rights have been violated, please describe the facts supporting your allegation:

10. Please provide us with any additional information relevant to your complaint:

11. Have you filed a claim related to this matter with any other public agency?

Yes, specify agency: \_\_\_\_\_ and date filed: \_\_\_\_\_  
 No

**Please provide any relevant documents along with this form. This includes, but not limited to, any written invoices or contracts, correspondence related to the terms of your payment, evidence showing previous attempts you have made to collect payment for the work performed, or copies of any civil or administrative complaints filed by you or the Hiring Entity about the contract that is the subject of this complaint.**

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date