



MINIMUM WAGE ORDINANCE (MWO) COMPLAINT INTAKE GUIDE



Please use this guide to assist in completing the MWO Complaint Intake Form. If you cannot answer every question on the form, you may still submit it to the Office of Wage Standards. However, incomplete forms may affect the processing time of your complaint. The Complaint Intake Form will help expedite processing but you may also use the [Minimum Wage Complaint](https://cityoflaprod.service-now.com/wagesla) short form (<https://cityoflaprod.service-now.com/wagesla>) in the alternative.

SECTION I: EMPLOYEE INFORMATION

- **Personal Information (1-3):** Enter your name and contact information. Please provide more than one phone number at which the Office of Wage Standards (OWS) can reach you in case additional information is required to process your complaint. If you are filling out the form for the Employee, please ensure that the Employee's information is complete and accurate.
- **Employment Status and Interpreter Services (4-5):** State your current employment status (working for the Employer you are filing a claim against, quit, or discharged). If you are not the Employee, provide a brief explanation of who you are. If you need an interpreter, indicate which language.
- **Prior Claims (6):** Identify all other claims you have filed with a public agency relating to the minimum wage or sick leave.
- **Eligibility (7):** If you have worked at least two hours in any particular week within the geographic boundaries of Los Angeles then you may be subject to the City's MWO. To check whether a business address is within the City of Los Angeles, you may search the address at neighborhoodinfo.lacity.gov. If the address was entered correctly and is within the City, information regarding that address should be displayed. If there is no information displayed, then it is likely the address is not within the City of Los Angeles.
- **Type of Complaint (8):** Describe the nature of your complaint by checking all applicable boxes or by writing a description.

SECTION II: EMPLOYER INFORMATION (CLAIM FILED AGAINST)

- **Employer Contact Information (9-12):** Enter the Employer's name and contact information to the best of your ability. The business address is where the company is located, while the employee work address is where the Employee actually worked.
- **Description of the Business and Management Information (13-17):** Describe the Employer's business (i.e., factory, restaurant, store), state the names of its managers and supervisors, and provide your best estimate of the number of Employees working for the business.

SECTION III: EMPLOYMENT INFORMATION

- **Minimum Wage Claim Information (18-25):** "Transitional job" means short-term, wage-paying, subsidized employment that combines real work, skill development, and supportive services to help participants overcome barriers to employment and transition to unsubsidized competitive employment. Enter the date that you were hired by your Employer and the period of time you claim your Employer failed to comply with the MWO. State your job title or position and the wage that you were paid during the period you claim the Employer did not comply with the MWO. If you were paid different wages during this period you can enter those wages separated by a comma and note this in the additional comments (Field #32) under Section IV. Describe how you were paid, how much, and how often in the appropriate sections. The City of Los Angeles Minimum Wage Ordinance took effect July 1, 2016. If your complaint is for a time period prior to this date, please contact the Department of Labor Standards Enforcement (www.dir.ca.gov/dlse).
- **Sick Leave Claim Information (26):** This subsection should be completed to determine whether the Employer has complied with the Sick Leave provisions of the MWO. To be eligible for paid sick leave an Employee must work in the City of Los Angeles for the same Employer for 30 days or more within a year (each day in which an Employee works is considered one (1) day). Front loading means that paid sick leave is provided at the start of the year (calendar, Employee anniversary, or other twelve (12) month period). Accrual means that paid sick leave is earned by the hour. The MWO requires paid sick leave under the accrual method to be calculated at one (1) paid sick leave hour provided for every thirty (30) hours worked.

SECTION IV: WORK HOURS

- **Employee's Work Week and Documentation (27-32):** Please describe your regular work schedule by completing the sample work week chart. For example, if your shift is from 8:00 to 4:30 with a 30-minute unpaid meal break, write the Time In as 8:00, the Time Out as 4:30, and the Hours Worked as 8 (make sure to deduct any unpaid meal breaks from the Hours Worked). If your work schedule is irregular then please complete the irregular work week chart to the best of your ability. An example of an irregular work period would be 400 hours spread out over eight (8) weeks between day, swing, night, and graveyard shifts. Please also state if you have been paid for all hours worked within the geographic boundaries of the City. Please include all documents that will assist us in investigating your complaint. Describe any other supporting documentation that will assist in evaluating your complaint and attach copies if available.

SECTION V: SIGNATURE: Sign and date the form. Please note you are signing the form under penalty of perjury.



MINIMUM WAGE ORDINANCE (MWO) COMPLAINT INTAKE FORM

During the investigation, the Office of Wage Standards will maintain confidentiality to the extent permitted by applicable laws. Providing your name and contact information will expedite your investigation.



SECTION I: EMPLOYEE INFORMATION

1. Last Name:	First Name:	Middle Name:	
2. Mailing Address:	City:	State:	Zip:
3. Primary Phone:	Secondary Phone:	Email:	
4. Check box applicable to you:			
<input type="checkbox"/> Still working for Employer	<input type="checkbox"/> Resigned on _____	<input type="checkbox"/> Discharged on _____	
<input type="checkbox"/> Other, provide explanation in detail (i.e., advocacy organization, attorney, family member, etc.):			
5. Does the Employee need an interpreter? <input type="checkbox"/> Yes, indicate language: _____ <input type="checkbox"/> No			
6. Has the Employee filed a claim related to minimum wage and/or sick leave matter(s) with any other public agency? <input type="checkbox"/> Yes, specify agency: _____ and date filed: _____ <input type="checkbox"/> No			
7. Has the Employee worked at least two hours in any particular week within the geographic boundaries of the City of Los Angeles ? <input type="checkbox"/> Yes <input type="checkbox"/> No, the Employee is not subject to the City's MWO.			
8. Check all that apply:			
<input type="checkbox"/> Employer failed to pay the minimum wage rate in accordance with LAMC Section 187.			
<input type="checkbox"/> Employer failed to provide the sick time benefits in accordance with LAMC Section 187.			
<input type="checkbox"/> Retaliation, explain in detail: _____			
<input type="checkbox"/> Employer failed to comply with the posting requirement in accordance with LAMC Section 188:			
- Select all that apply: <input type="checkbox"/> Minimum wage notice <input type="checkbox"/> Paid sick leave notice <input type="checkbox"/> Notice of Correction			
<input type="checkbox"/> Employer failed to provide the Employer information notification			
<input type="checkbox"/> Other, please specify: _____			

SECTION II: EMPLOYER INFORMATION (CLAIM FILED AGAINST)

9. Business/Employer Name: Owner Name(s), or Operating Name (if different from the business name provided):			
10. Business type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other:			
11. Business Address:	City:	State:	Zip:
Employee Work Address:	City:	State:	Zip:
12. Business Phone:	Secondary Phone:	Email:	
13. Description of Business:			
14. Is this Employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No, approximate closure date: _____			
15. Name of Person in Charge:		Job Title/Position of Person in Charge:	
16. Name of Immediate Supervisor:		Job Title/Position of Supervisor:	
17. Total Number of Employees (provide the best estimate):			

SECTION III: EMPLOYMENT INFORMATION

18. Is the Employee between the ages of 14 and 17? (Employees who are between the ages of 14 and 17, within the first 160 hours of employment, may be paid not less than 85% of the minimum wage.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is the Employee holding a Transitional Job? (For the first 18 months of employment in the Transitional Job, Employees may be paid wages less than the minimum wage.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Date of Hire:	
21. State the period of time you claim the Employer failed to comply with the MWO: From _____ to _____	
22. Employee's Job Title/Position Description (i.e., driver, cook, janitor):	
23. A. State the hourly wage the Employee was paid during the claim period specified in question 21: \$ _____	
B. Select type of wage (check all that apply):	
<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Task <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission	
<input type="checkbox"/> Other, explain in detail: _____	



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24. How were wages paid? Check Cash Both check and cash Other, specify:

25. How much and how often was the Employee paid?
 Daily, \$ _____ Weekly, \$ _____ Bi-weekly, \$ _____ Semi-monthly, \$ _____ Monthly, \$ _____
 Not paid Other, explain in detail:

26. A. Has the Employee worked for at least 30 days within a year from the commencement of employment for the same Employer?
 Yes No, the claimant is not subject to the City's paid sick leave.
B. Has it been at least 90 days from the commencement of employment?
 Yes No, the claimant is not subject to the City's paid sick leave.
C. How is the Employee provided with the paid sick leave? Front-loading method Accrual method Don't know None
D. State the number of sick hours the Employee receives **annually**: _____ hours
E. If the Employee has access to any other paid time off (vacation, PTO, floating holiday, holiday, personal day, etc.), state the total number of hours the Employee receives annually: _____ hours

SECTION IV: WORK HOURS

27. Does the Employee have a regular work schedule each week?
 Yes, proceed to question 28. No, skip to question 29.

28. Regular Work Hours:
A. How many hours does the Employee work per week, on average? _____
B. Please best describe the Employee's regular work hours and days below.

Sample Week	Time In	Time Out	Hours Worked (Deduct any non-working hours)
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

29. Irregular Work Hours: please explain in detail and fill out the table below. Attach separate sheets if necessary.

Claim Period		Hours Worked	Hourly Rate	Commissions	Task/Piece rate	Subtotal
Start Date	End Date					

30. Has the Employee been paid for all hours worked within the [geographic boundaries of the City](#)?
 Yes No, explain:

31. Does the employee have any documents to substantiate the claim? Please select all that apply and attach copies if available.
 Timekeeping records Copies of paystubs Cancelled checks Employer's sick time policy copy
 Other, specify:

32. Additional Comment:

SECTION V: SIGNATURE

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