



CITYWIDE HOTEL WORKER MINIMUM WAGE ORDINANCE COMPLAINT INTAKE GUIDE



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

Please use this guide to assist in completing the Citywide Hotel Worker Minimum Wage Ordinance (CHMWO) Complaint Intake Form. If you cannot answer every question on the form, you may still submit it to the Office of Wage Standards (OWS). 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 [Citywide Hotel Worker Minimum Wage Complaint Google form](#) as an alternative.

COMPLAINT CHECKLIST

- **Eligibility (A-F)** The Complaint Checklist is used to determine the Hotel Worker's eligibility to submit a valid complaint to the OWS. Hotel Workers who believe that their rights under the CHMWO have been violated are required to: (1) work for a Hotel with 60 or more guest rooms in the geographic boundaries of the City of Los Angeles **or** for a Hotel with 50 or more guest rooms located in the Airport Hospitality Enhancement Zone (AHEZ); (2) be a direct employee of the Hotel **or** of any contracted, leased, or sublet premises providing services at the Hotel; and (3) have given their employer 30 calendar days to take action on a [Notice to Cure](#), and their employer has not taken any action to cure the alleged violation(s). Note that a covered "Hotel Worker" does not include a managerial, supervisory or confidential employee. For full requirements of the CHMWO, see Los Angeles Municipal Code (LAMC) Section 186.00.

SECTION I: HOTEL WORKER INFORMATION

- **Personal Information (1-4):** Enter your name, contact information and job title/position description. Please provide at least one phone number at which the OWS can reach you in case additional information is required to process your complaint. If you are filling out the form for the Hotel Worker, please ensure that their information is complete and accurate.
- **Employment Status and Interpreter Services (5-7):** State your current employment status (working for the Hotel Employer you are filing a claim against, quit, or discharged). If you are not the Hotel Worker, provide a brief explanation of who you are (i.e., advocacy organization, attorney, family member, etc.). If you or the Hotel Worker need an interpreter, indicate which language.

SECTION II: HOTEL EMPLOYER INFORMATION (CLAIM FILED AGAINST)

- **Hotel Employer Contact Information (8-14):** Enter the Hotel Employer's name and contact information to the best of your ability. The Hotel/business address is where the Hotel or company is located, while the employee work address is where the Hotel Worker actually worked. State whether the Hotel is still in business. Provide the names of the Hotel Worker's immediate manager or supervisor. Provide your best estimate of the number of guest rooms or suites of rooms the Hotel contains.

SECTION III: COMPLAINT DETAIL INFORMATION

- **Type of Complaint (15):** Describe the nature of your complaint by checking all applicable boxes or by writing a description of the violation(s).
- **Wage Claim Information (16-17):** Enter the date that you were hired and the period of time you claim the Hotel Employer failed to comply with the CHMWO.
- **Prior Claims (18):** Identify whether you have filed a claim related to this matter with any other public agency.
- **Partnership (19):** Indicate if this claim is being filed by or in partnership with an organization, and provide contact information.
- **Additional Comments (20):** Provide any additional information you think is useful. (optional).

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

For the complete requirements of the CHMWO, please refer to LAMC Chapter XVIII Article 6 Section 186 and Article 8 Section 188.



CITYWIDE HOTEL WORKER MINIMUM WAGE ORDINANCE COMPLAINT INTAKE GUIDE



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 III: COMPLAINT DETAIL INFORMATION

15. What are you contacting us about? (Select all that apply)

- Hotel Employer failed to pay the minimum wage rate in accordance with LAMC Section 186.02(A).
- Hotel Employer failed to provide time off benefits in accordance with LAMC Section 186.02(B).
- Hotel Employer failed to pay applicable Service Charges in accordance with LAMC Section 186.03.
- Retaliation- Hotel Employer took adverse action in retaliation for Hotel Worker(s) exercising rights protected in accordance with LAMC Section 186.06.

Explain in detail:

- Hotel Employer failed to comply with the posting requirements in accordance with LAMC 188.03.
- Hotel Employer failed to provide the Employer contact information notification in accordance with LAMC Section 188.03A and 188.05D.
- Other, please specify:

16. Date of Hire:

17. State the period of time you claim the Hotel Employer failed to comply with the CHMWO: From: _____ To: _____

18. Has the Hotel Worker filed a claim related to this matter with any other public agency?

- Yes, specify agency: _____ and date filed: _____
- No

19. Is this complaint being filed by or in partnership with an organization?

- Yes, specify agency: _____ and date filed: _____
- (Optional) Contact Name: _____ Phone: _____ Email: _____
- No

20. Additional Comments:

SECTION IV: 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

Printed Name

Date