



**CITY OF PASADENA
MINIMUM WAGE ORDINANCE**

COMPLAINT INTAKE AND DECLARATION FORM

INSTRUCTIONS: Complete both pages of this form. Please print legibly. Complete all items to the best of your knowledge. Missing or incomplete information may result in delays. Enclose any copies of documentation that may be relevant to your claim. Please notify us immediately if you have a change of address, phone number, or there are changes to your claim.

1. Your FIRST NAME		2. Your MIDDLE NAME		3. Your LAST NAME		
4. Your MAILING ADDRESS (Street Name, Street Number, Apt. No.)				5. City	6. State	7. Zip Code
8. Your PRIMARY TELEPHONE NO.		9. Your SECONDARY TELEPHONE NO.		10. Your E-MAIL ADDRESS		

EMPLOYMENT INFORMATION

11. Business Name (Employer)		12. Business Telephone No.			
13. Business Street Address (Not a P.O. Box)		14. City	15. State	16. Zip Code	
17. Other Business Name(s) that may be used by employer					
18. Name of Person in Charge			19. Title (e.g.; owner, president, manager, supervisor)		
20. Did you work at the business address listed in item #13 <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please provide location					
21. When did you begin working for this employer?			22. Are you still employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Have you worked for this employer at least 2 hours in a calendar week in the city of Pasadena? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. If you answered "No" to item #22, when was your last day of work			25. If you answered "No" to item #22, why are you no longer working for this employer?		
26. What is the position or description of your duties (for example, cashier, cook, etc.)?					
27. What is the name of the person who sets your schedule and supervises your work?					
28. Do you have records of the hours you worked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please attach copies of pay stubs or receipts for the period during which you believe you were not receiving proper payment.					
29. Are you required to record your start and end time for each period? <input type="checkbox"/> Yes <input type="checkbox"/> No					
30. If you answered "Yes" to item #29, how are the hours you work recorded (examples: punch in and out on a time clock, self-completed time sheet / time card.)					

31. If you answered "No" to item #29, explain how your hours are tracked.

32. If you do not have a regular work schedule each week, how many hours per week do you work on average?

33. What is your current rate of pay?

34. Are you paid by check, cash, or both?

35. When is your regular payday?

36. Does this employer provide you with meal breaks? Yes No. If YES, how much time are you provided?

37. Does this employer provide you with any other breaks during your workday? Yes No. If YES, how many breaks are you provided and for how long?

38. List your regular work schedule below. If you check in and out multiple times during the day, list that in the space provided.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							

Additional information about work days/hours:

39. Are there any other witnesses or any other kind of evidence that would help substantiate your case? (For example, names of co-workers, names of regular customers or delivery drivers, group photographs, etc.)

40. Is there a written employment agreement regarding your employment? If so, please provide it.

41. Do you have anything else to add?

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge.

Complainant Signature _____ Date: _____

Print Name: _____

Interviewed by: _____ Date: _____

Organization: _____

FOR OFFICE USE ONLY	
Date Intake Form Received:	Taken by:
File Number:	Action: