



## EARNED SICK & SAFE TIME COMPLAINT FORM



### 1. Your Contact Information

Name	Home Phone Number
Street Address	Work Phone Number
City, State, Zip	Cell/Other Phone Number
E-mail Address	
Contact Person (In Case We are Unable to Reach You)/ Relationship:	Phone Number

Help me resolve my complaint with my employer

Investigate an employer I believe is violating the law

### 2. Employment Information

Employer:	Date of Incident:
Street Address where you work:	
City, State, Zip	
When did you begin working for this employer?	Average number of hours worked per week
Do you still work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are no longer working for this employer, please list the reason why and the last date of employment:	
How many employees does this employer have? <input type="checkbox"/> 1-23 <input type="checkbox"/> 24-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-249 <input type="checkbox"/> 250+	
Industry type: <input type="checkbox"/> Retail <input type="checkbox"/> Industrial/Manufacturing <input type="checkbox"/> Hospitality/Hotels <input type="checkbox"/> Government <input type="checkbox"/> Restaurant/Food <input type="checkbox"/> Construction <input type="checkbox"/> Nonprofit <input type="checkbox"/> Professional Services <input type="checkbox"/> Other	
Are you an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a domestic worker? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Complaint Information

How did your employer violate the Saint Paul Earned Sick and Safe Time law? *(check all that apply)*

- Not allowing me to use sick and safe time
- Will not pay me for sick and safe leave
- Not compensating me correctly for sick and safe time
- Not allowing sick and safe time carryover into next year
- Requiring me to find a replacement worker
- Requiring me to make up hours missed
- Requiring me to provide medical documentation for an absence shorter than 3 days
- Retaliating against me for using earned sick and safe time
- Other (please describe below)

In your own words, please describe what happened. Use additional sheets of paper, if necessary.

Have you tried to resolve your complaint with your employer?  Yes  No

What type of relief are you seeking from your employer?

#### 4. Public and Not Public Information

You are being asked to voluntarily provide information that will be used to review your complaint. This information is subject to the Minnesota Government Data Practices Act. This law classifies certain information, which may include information about you, as public. Although it is not available to the public, you may access this statement provided by you. All other information collected or created in connection with this complaint is not public and not available to you. If there is final disciplinary action after a complete investigation, the reasons for imposing final discipline will be public and will be available to you.

#### 5. Demographics

<p><b><u>Gender</u></b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Transsexual</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not specified</p>	<p><b><u>Race (check one or more)</u></b></p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> American-Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White (Caucasian)</p> <p><input type="checkbox"/> Two or more races</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not specified</p>
---	---

#### 6. Certification

\_\_\_\_\_

Complainant Signature

\_\_\_\_\_

Date

By [signing / electronically signing] this complaint, I certify that the information in this complaint is true and accurate to the best of my knowledge and belief. I understand that this is the first step to initiating an investigation and that I may be asked to provide additional information about my complaint or give a recorded statement.