



COMPLAINT FORM

Minimum Wage / Earned Sick and Safe Time

Your Information (complainant/employee information)	
Name	
Email	Phone
Workplace or Business Name	
Supervisor/Owner Name and Email Address	
Address	
Phone	Number of hours worked in St. Paul per week, if employer is not based here
Your Job Title and Rate of Pay	
Information About Your Complaint	
Nature of Complaint (Please select all that apply)	Date and description of incident:
<input type="checkbox"/> Earned Sick and Safe Time <input type="checkbox"/> Minimum Wage	

Tennessee Warning Notice for the Saint Paul Labor Standards Investigation

You are being asked to voluntarily provide information 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.

Acknowledgement

I have read and understand the above Tennessee Warning regarding my rights as a subject of government data.

Date

Signature

