



Please use this guide to assist in completing the FWWO 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.

COMPLAINT CHECKLIST

Eligibility (A-E): The Complaint Checklist is used to determine the Employee's eligibility to submit a valid complaint to the OWS. Employees who feel that their rights under the FWWO have been violated are required to: (1) have performed at least two (2) hours of work in any particular week within the geographic boundaries of the City of Los Angeles; (2) be an employee of a retail business with 300 or more employees worldwide; and (3) have given their Employer 15 calendar days to take action on a [Notice to Cure](#), and their Employer has not taken any action to cure the alleged violation(s).

To check whether your work location is within the City of Los Angeles, you may search the address at neighborhoodinfo.lacity.org. If the address was entered correctly and is located within the City of Los Angeles, information regarding that address should be displayed. If there is no information displayed, then it is possible the address is not located in the City of Los Angeles.

SECTION I: EMPLOYEE INFORMATION

- **Personal Information (1-3):** Enter your name and contact information. Please provide more than one phone number where the 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 and your relationship to the Employee. If you need an interpreter, indicate which language.
- **Type of Complaint (6):** Describe the nature of your complaint by checking all applicable boxes or by writing a description.
- **Information Outreach (7):** State the method in which you heard about the Office of Wages Standards (OWS) or the Fair Work Week Ordinance (FWWO).

SECTION II: EMPLOYER INFORMATION (CLAIM FILED AGAINST)

- **Employer Contact Information (8-11):** 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 the location where the Employee worked within the City of Los Angeles. If both locations are the same, you may state they are the same location or leave the employee work address blank.
- **Description of the Business and Management Information (12-16):** Describe the Employer's business (e.g. hardware store, department store, grocery retailer, etc.), state the names of its managers or supervisors, and provide your best estimate of the number of employees working for the business.

SECTION III: EMPLOYMENT INFORMATION

- **Employment Information (17-20):** Enter the date that you were hired by your Employer. State your job title or position description and the wage that you were paid during the time you claim the Employer did not comply with the FWWO. Indicate whether the job was full-time, part-time, temporary, etc. The City of Los Angeles Fair Work Week Ordinance took effect April 1, 2023. 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).
- **Employee's Work Week (21-23):** State the number of hours you work on average per work week. Indicate if you have a regular Work Schedule each week. Please describe your regular Work Schedule by completing the sample work week chart. For example, if your shift is from 8:00 AM to 4:30 PM with a 30-minute unpaid meal break, write the Time In as 8:00 AM, the Time Out as 4:30 PM, and the Hours Worked as 8. Make sure to deduct any unpaid meal breaks from the Hours Worked.
- **Schedule Management (24-27):** State the name of the person(s) in charge of making your Work Schedule and supervising your work. State when you normally get a new Work Schedule for the next Work Period. For example, if today is March 1 and you get the next Work Schedule for the week starting on March 15, write two (2) weeks for Question #25. Indicate the method of how you receive a new Work Schedule and if you are responsible for recording the start and end time of each work day.
- **Documents and Additional Comments (28-29):** 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 IV: SIGNATURE

- **Signature:** Sign and date the form. Please note you are signing the form under penalty of perjury.



FAIR WORK WEEK ORDINANCE (FWWO) 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.



Please fill out as much information as possible to the best of your knowledge.

COMPLAINT CHECKLIST

- A. Has the Employee worked at least two (2) hours in any work week within the geographic boundaries of the City of Los Angeles?
 Yes No (*This complaint may not fall within the City of Los Angeles' jurisdiction*) Not sure
- B. Is the Employee a worker for a retail Employer who has more than 300 employees worldwide?
 Yes No (*This complaint may not fall within the City of Los Angeles' jurisdiction*) Not sure
- C. Has the Employee given the Employer a [Notice to Cure](#)?
 Yes (*Please attach the Notice to Cure and any correspondence with the Employer*) No (*Please see [Notice to Cure process](#) before filing a complaint with the OWS*)
- D. Has it been 15 calendar days since the Notice to Cure was provided to the Employer?
 Yes No (*Please see Notice to Cure process before filing a complaint with the OWS*)
- E. Has the Employer taken any action to correct the problem?
 Yes No

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:
 Still working for Employer Resigned on: _____ Discharged on: _____
 Other, explain (e.g. advocacy organization, attorney, family member, etc.): _____

- 5. Does the Employee need an interpreter? No Yes, indicate language: _____

6. Check all that apply:	LAMC Section
<input type="checkbox"/> Employer failed to provide a Good Faith Estimate of Employee's Work Schedule	185.02
<input type="checkbox"/> Employer declined Employee's request for changes to their Work Schedule without providing written notice of the reason for the denial	185.03
<input type="checkbox"/> Employer failed to provide Employee with written notice of Work Schedule at least 14 calendar days before the start of the Work Period	185.04(A)
<input type="checkbox"/> Employer failed to provide Employee with written notice of Work Schedule changes	185.04(B)
<input type="checkbox"/> Employer failed to offer additional hours of work to current Employees before hiring new workers	185.05
<input type="checkbox"/> Employer failed to compensate Employee with Predictability Pay	185.06
<input type="checkbox"/> Employer required Employee to find coverage for missing a work shift (or a partial shift) when the Employee was unable to work for reasons protected by other laws	185.07
<input type="checkbox"/> Employer failed to obtain Employee's written consent to work a shift not separated by at least ten (10) hours	185.08
<input type="checkbox"/> Employer failed to compensate Employee with premium of time and a half for working a shift not separated by at least ten (10) hours from the previous shift	185.08
<input type="checkbox"/> Employer failed to comply with the FWWO notice and posting requirements	185.11 188.03(A)
<input type="checkbox"/> Retaliation, explain: _____	
<input type="checkbox"/> Other, please specify: _____	

- 7. How did you hear about us, the Office of Wage Standards?
(News, ad, website, radio, workplace poster etc.)



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SECTION II: EMPLOYER INFORMATION (CLAIM FILED AGAINST)

8. Business/Employer Name:

9. Business Type: Corporation Sole proprietorship Partnership LLC LLP Other/Not sure

10. Business Address: City: State: Zip:

Employee Work Address: City: State: Zip:

11. Business Phone: Secondary Phone: Email:

12. Description of Business:

13. Is this Employer still in business? Yes No, approximate closure date:

14. Name of Person in Charge: Job Title/Position of Person in Charge:

15. Name of Immediate Supervisor: Job Title/Position of Supervisor:

16. Total Number of Employees in the workplace (provide the best estimate):

SECTION III: EMPLOYMENT INFORMATION

17. Date of Hire:

18. Employee's Job Title/Position Description:
(e.g. cashier, associate, customer service representative, etc.)

19. What is the Employee's work type? Full-time Part-time Temporary Seasonal Other:

20. What is the Employee's hourly wage?

21. How many hours does the Employee work per week, on average?

22. Does the Employee have a regular Work Schedule each week? Yes No

23. Please best describe the Employee's work hours and days below:

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

24. Who sets the Work Schedule and supervises the Employee's work?

25. When is the Work Schedule for the next Work Period provided to the Employee?

26. How is the Work Schedule provided to the Employee?

Physically in the workplace (such as in the break room or other conspicuous location) Electronically (such as in an email or text message)

27. Is the Employee required to record the start and end time for each period of work? Yes No

28. Does the Employee have any documents to substantiate the claim? (Please select all that apply and attach copies if available.)

Work schedules Paystubs Correspondence with the Employer Additional Work Hour Notices

Other, please specify:



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29. 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

Name

Date