



**City of Dallas**

# Earned Paid Sick Time Ordinance Complaint Form

Employee/complainant name:

Employer name:

Employee/complainant phone number:

Employer phone number:

Employee/complainant address:

Employer address:

Employee/complainant preferred language:

Complaint date:

Please answer the following questions to the best of your ability.

1. Have you completed at least 80 hours of work within the geographic boundaries of City of Dallas in the last year for an employer?

2. How many employees does your employer have that work at least 80 hours within the geographic boundaries of the City of Dallas?

3. Where do you do work for your employer? At one location or many? What are their addresses?

4. Please check all that apply:

<input type="checkbox"/>	My employer is not posting the Earned Paid Sick Time Ordinance posters in English, Spanish, and other languages primarily spoken by employees
<input type="checkbox"/>	My employer is not providing me with a statement with my paid sick leave balance at least once per month
<input type="checkbox"/>	My employer is not letting me earn paid sick time hours
<input type="checkbox"/>	My employer is not letting me use my available earned paid sick time hours
<input type="checkbox"/>	My employer is requiring verification that I am using my earned paid sick time for a use authorized by the Ordinance before I miss my 3 <sup>rd</sup> consecutive workday
<input type="checkbox"/>	My employer is retaliating (e.g., disciplining, transferring, demoting, discharging, suspending, reducing hours, discouraging, or directly threatening such action, etc.) against me because I am requesting or using earned paid sick time, am reporting or attempting to report a violation, or participating in an investigation
<input type="checkbox"/>	Other

*Please see the next page.*

5. Please describe what happened, including dates, witnesses, and other important details.