



CITY OF LOS ANGELES
CONTRACTORS' EMPLOYEE COMPLAINT FORM

Please complete, sign and mail this form to:

BUREAU OF CONTRACT ADMINISTRATION
1149 South Broadway, Suite 300
Los Angeles, CA 90015
Attn: EEOE Section

Or email this to: BCA.EEOE@LACITY.ORG

Contact information:
(213) 847-2625
http://bca.lacity.org

Tracking #: \_\_\_\_\_
(OCC use only)

Your information will be kept confidential to the extent allowable by law.

During the investigation, the Office of Contract Compliance will maintain confidentiality to the extent permitted by applicable laws.

Mark the corresponding box(es) below for the Ordinance(s)/Program(s) you wish to file your complaint:

[ ] Living Wage Ordinance [ ] Equal Benefits Ordinance [ ] Affirmative Action/Equal Employment [ ] Service Contract Worker Retention Ordinance

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number:( ) - \_\_\_\_\_ Work Phone Number: ( ) - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Company Phone Number:( ) - \_\_\_\_\_

Work Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City Department Awarding Contract (if known): \_\_\_\_\_

Your Current Job Title: \_\_\_\_\_ Are you part of a Union? Yes [ ] No [ ]

Hourly Rate Paid: \$ \_\_\_\_\_ Overtime Rate Paid: \$ \_\_\_\_\_

Do you receive health benefits? Yes [ ] No [ ] If yes, how much do you pay for your benefits? \$ \_\_\_\_\_

Employee Complaint (Be as detailed as possible. Continue on the next page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that the information provided in this document is true and correct to the best of my knowledge.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OCC USE ONLY

Table with 4 columns: Analyst, Date Received, City Department, Contract Number

