

**CITY OF LOS ANGELES**  
 Department of Public Works  
 Bureau of Contract Administration  
 Office of Contract Compliance  
 1149 South Broadway Street, Suite 300  
 Los Angeles, CA 90015

**EMPLOYEE COMPLAINT FORM**

*(Please print clearly)*

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Employing Contractor: \_\_\_\_\_

Name of Foreman / Supervisor: \_\_\_\_\_

**EMPLOYEE DATA**

Employee Name: \_\_\_\_\_ Social Security No. (Last 4 digits): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email Address (if available): \_\_\_\_\_

Hourly Rate Paid \$ \_\_\_\_\_ Overtime Rate Paid \$ \_\_\_\_\_ Fringe Benefits If **yes**, how much? \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Laid Off/Terminated (if applicable): \_\_\_\_\_ Work Hours: \_\_\_\_\_

Craft(s) Performed: \_\_\_\_\_

Union Member?  Yes  No, Local # \_\_\_\_\_ Do You Keep a Daily Work Log? Yes No

Employee Complaint (Use additional pages if more space is needed, see page 2): \_\_\_\_\_

\_\_\_\_\_  
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Please provide the name(s) and contact information for other employee(s) of this Contractor (past or present) who may be able to furnish any additional information.

Name of Employee	Employee's Email Address	Employee's Telephone Number

