



Office of the Managing Director  
 City of Philadelphia Promoting Healthy Families and Workplaces Law  
**COMPLAINT AND INTAKE FORM**

Thank you for contacting the City of Philadelphia Managing Director's Office (MDO). Please complete the questions below. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable.

If you have any questions about this form or would prefer to have a staff member help you complete the form, please contact MDO at [PaidSickLeave@phila.gov](mailto:PaidSickLeave@phila.gov). If you prefer to use a language other than English, we can provide free translation assistance. You can submit the completed form in the following ways:

- Email: [PaidSickLeave@phila.gov](mailto:PaidSickLeave@phila.gov) OR
- Mail to: Managing Director's Office, Attn: Paid Sick Leave Division, 1401 John F Kennedy Blvd, Suite 1430, Philadelphia, PA 19102

After MDO receives your completed form, we will contact you within fifteen business days to gather any additional information we need or to notify you what action we will be taking.

<b>How do you want the MDO to help?</b>	Help me resolve my complaint with my employer.	Investigate an employer that I believe is violating the law (third party complaint).		
<b>YOUR CONTACT INFORMATION</b>				
First Name		M.I.	Last Name	
Address (Building Number, Street Name, Apartment/Suite/Other)			City	State ZIP Code
Primary Phone Number (Home)		Secondary Phone Number (Cell)		Email Address
<b>Correspondence regarding this examination will be sent to you at the email address provided. Correspondence also may be sent to your postal address contingent on the results of the examination of the complaint. It is your responsibility to update the MDO with your most current contact information.</b>				
<b>EMPLOYMENT INFORMATION</b>				
Employer		Your Job Title/Function		
Address of Employer (Building Number, Street Name, Apartment/Suite/Other)			City	State ZIP Code
Number of employees:		Fewer than 10		10 or more
Name of Supervisor or Manager		Supervisor/Manager Phone Number		Supervisor/Manager Email Address
Name of Human Resources Department Representative		HR Representative Phone Number		HR Representative Email Address
On what date did you start working for the employer? _____ / _____ / _____ (MM/DD/YYYY)				
Are you still working for the employer?		Yes	No	Not Applicable
If you are not, please select the reason		Resigned / Quit		Discharged / Fired Laid Off
What was your last day of work?		_____ / _____ / _____ (MM/DD/YYYY)		
<b>Please answer the following questions to help us determine if you are covered by Philadelphia's Promoting Healthy Families and Workplaces Law. Please see section 914c of the law for more details on qualifications.</b>				
Are you an independent contractor?		Yes	No	
Are you a seasonal worker? (hired for a period no more than 16 weeks in a calendar year)		Yes	No	
Are you an adjunct professor?		Yes	No	
Are you hired for 6 months or less?		Yes	No	
Are you covered by a collective bargaining agreement? (e.g., union member)		Yes	No	
Are you a student intern?		Yes	No	
Are you a pooled employee?		Yes	No	
Are you a State or Federal employee?		Yes	No	
Have you worked at least 40 hours/ year within the City of Philadelphia Boundaries?		Yes	No	

**COMPLAINT INFORMATION**

Do you think the employer has violated the Philadelphia Promoting Healthy Families and Workplaces Act? Yes No

If yes, on what date do you believe the employer first violated the law? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**Please indicate which of the following ways the employer has violated the law and provide further information in the space below. Check all that apply**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Not allowing the use of sick leave.   |
| <input type="checkbox"/> | Not allowing the accrual of 1 hour of sick time for every 40 hours worked in Philadelphia.                              |
| <input type="checkbox"/> | Requiring documentation for absences of 2 days or less.   |
| <input type="checkbox"/> | Not accepting "reasonable" documentation.   |
| <input type="checkbox"/> | Not allowing unpaid leave after exhausting paid leave.  |
| <input type="checkbox"/> | Not allowing accrued sick leave to carry over from one year to the next.  |
| <input type="checkbox"/> | Requiring a worker to find a replacement worker.  |
| <input type="checkbox"/> | Requiring missed hours to be made up.   |
| <input type="checkbox"/> | Requiring documentation beyond the requirements of the law.   |
| <input type="checkbox"/> | Penalizing a worker for requesting or using unpaid leave.   |
| <input type="checkbox"/> | Retaliating against a worker requesting sick leave, using sick leave or filing a complaint.                             |
| <input type="checkbox"/> | Not providing notice of rights under the law through individual handouts or posting information in a conspicuous space. |

In your own words, please describe what happened. Use additional sheets, if necessary. Please include all dates of alleged violations.

Have you tried to resolve your complaint with the employer? Yes No

What type of relief are you seeking? (Back pay, reinstatement, etc.)

Please provide us with any additional information that would be helpful in resolving this issue.

Please provide any relevant documents along with this form (i.e., pay stub, employment contract, collective bargaining agreement, employer's policy on sick leave, and copy of your request for sick leave). MDO does not need health-related information to process your complaint. If you do provide any health information, MDO will treat it as confidential and will not disclose it without your permission or unless required by law.

**Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent or Guardian  
(if complainant is under 18 years of age)

\_\_\_\_\_  
Print Name of Parent or Guardian