

Fair Workweek Law Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email fairworkweek@phila.gov or call 215.686.0802.

Thank you for contacting the Office of Worker Protections. Please clearly print or type answers to the questions below. If you have questions about this form or would like help filling out this form, please email our office at fairworkweek@phila.gov or call 215.686.0802.

You can submit the completed form in the following ways:

- 1) Email: fairworkweek@phila.gov
- 2) Mail to: Office of Worker Protections,
Attn: Office of Worker Protections
100 S. Broad St, 4th Floor, Philadelphia PA 19110

After our office receives your completed form, we will contact you within fifteen business days.

Contact

Provide the best form of contact.

1

Name _____

Address _____

Email _____ Phone _____

Employment Information

Enter details about the employer for this complaint.

2

Name of Business _____

Address _____

Supervisor Name _____ Supervisor Phone _____

Supervisor Email _____ Your Job Title _____

Please check if the following applies to this employer.

- ☐ The employer has 250+ employees worldwide.
- ☐ The employer has 30+ locations worldwide.
- ☐ Not sure how many employees or locations this employer has.

Eligibility details

Enter information about your eligibility.

3

If you have questions concerning your eligibility, contact our office.

Please check if any of the following apply to you:

- ☐ Full time, part time, seasonal, temporary or nonexempt employee
- ☐ Service worker
- ☐ Retail worker
- ☐ Hospitality worker

Complaint details

Enter information the complaint.

Please submit all information you have along with this form. Our office will work with you if additional information is needed.

4

Please check each violation for this complaint:

- ☐ Not providing a good faith estimate
- ☐ Providing a schedule that has significant changes from the good faith estimate
- ☐ Not providing 10 day advanced notice of schedule
- ☐ Not paying predictability pay for schedule changes
- ☐ Failure to allow 9 hours of rest between certain shifts or obtain consent and pay \$40
- ☐ Other
- ☐ Failure to obtain written consent for adding additional work hours to the posted schedule
- ☐ Not retaining records for 2 years
- ☐ Retaliation for exercising rights
- ☐ Not posting notice in an accessible location
- ☐ Failure to offer new work hours to existing employees before hiring new employees or provide a policy on offering and distributing new work hours.

Signature

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Pursuant to 18PA.CON.S.TAT.ANN. § 4904, Relating to unsworn fasciation to authorities, I affirm that to the best of my knowledge, this information and any other information I supply is true, correct and complete. I understand that if I make false statements, I'm subject to penalties.

Signature _____ Date _____