

Promoting Healthy Families and Workplaces Law Complaint Form

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

You can submit the completed form in the following ways:

- 1) Email: paidsickleave@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 _____

Are you currently employed by this employer? ☐ Yes ☐ No

How many employees work for this employer? ☐ 9 or less should provide unpaid leave ☐ 10 or more should provide paid leave

Eligibility details

Enter information about your eligibility.

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

3

Please check if any of the following apply to you:

☐ Covered by a collective bargaining agreement/ union member

☐ Hired to work 6 months or less

☐ Independent contractor/1099 tax form

☐ Adjunct professor

☐ Hired for a 16 week or less work period/ seasonal worker

☐ Pool employees or per diem

☐ State of Federal employee

☐ Student intern

Complaint details

Enter information about the complaint.

Please submit all information you have regarding hours worked and compensation along with this form. Our office will work with you if additional information is needed

4

Please check each violation for this complaint:

☐ Denied use of paid sick leave

☐ Not tracking accrual of sick time (1 hour for every 40 hours worked)

☐ Not carrying over sick leave accrual from one year to the next

☐ Requiring documentation for two days or less

☐ Requiring missed hours to be made up

☐ Retaliation for exercising rights

☐ Other

☐ Denied use of unpaid sick leave

☐ Not allowing unpaid sick leave after exhausting paid sick leave

☐ Not allowing sick leave for domestic abuse or sexual assault

☐ Not accepting reasonable documentation

☐ Requiring a worker to find a replacement worker

☐ Not providing notice of rights

Continues on next page ➡

Complaint details

Enter information about the complaint.

Please submit all information you have regarding hours worked and compensation along with this form. Our office will work with you if additional information is needed

4

Have you attempted to take sick time and been refused? ☐ Yes ☐ No

If so, about how much sick time have you been refused? (estimate # hours) _____

Regular hourly rate of pay _____

Signature

5

Pursuant to 18PA.CON.S.STAT.ANN. § 4904, relating to unsworn falsification 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 | | | | | | | | | | | | | | | |

Questions? Contact the Office of Benefits and Wage Compliance at (215) 686-0802 or paidsickleave@phila.gov.

Internal use only

Complaint # _____ Investigator Initials: _____ Date sent to employer | | | | | | | | | | | | | | | |