



Mayor's Office of Labor

# Benefits & Wage Compliance

CITY OF PHILADELPHIA

## Promoting Healthy Families and Workplaces Law Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email [paysickleave@phila.gov](mailto:paysickleave@phila.gov) or call 215.686.0802.

Thank you for contacting the Mayor's Office of Labor. 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 [paysickleave@phila.gov](mailto:paysickleave@phila.gov) or call 215.686.0802.

You can submit the completed form in the following ways:

1) Email: [paysickleave@phila.gov](mailto:paysickleave@phila.gov)

2) Mail to: Mayor's Office of Labor,

Attn: Office of Benefits and Wage Compliance

1515 Arch St, 11th Floor, Philadelphia PA 19102

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 \_\_\_\_\_ 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.

3

Please check if any of the following apply to you:

Covered by a collective bargaining agreement/ union member

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

Hired to work 6 months or less

Pool employees or per diem

Independent contractor/1099 tax form

State of Federal employee

Adjunct professor

Student intern

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

### Complaint details

Enter information about the complaint.

4

Please check each violation for this complaint:

Denied use of paid sick leave

Denied use of unpaid sick leave

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

Not allowing unpaid sick leave after exhausting paid sick leave

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

Not allowing sick leave for domestic abuse or sexual assault

Requiring documentation for two days or less

Not accepting reasonable documentation

Requiring missed hours to be made up

Requiring a worker to find a replacement worker

Retaliation for exercising rights

Not providing notice of rights

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

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**Complaint details**

Enter information about the complaint.

4

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

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 \_\_\_\_\_

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**Signature**

5

*Pursuant to 18PA.CON.S.TAT.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 | | | | | | | | | | | | | | | | | | | | | |

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Questions? Contact the Office of Benefits and Wage Compliance at (215) 686-0802 or [paysickleave@phila.gov](mailto:paysickleave@phila.gov).

**Internal use only**

Complaint #

Investigator Initials:

Date sent to employer | | | | | | | | | | | | | | | | | | | | | |