

Wrongful Discharge from Parking Employment

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

You can submit the completed form in the following ways:

1) Email: justcauseparking@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

Job Title

Were you given a written explanation of discharge?

Discharge date

☐ Yes ☐ No

Complaint details

Enter information about the complaint.

3

Does your employer use progressive discipline?

☐ Yes ☐ No

Do you believe you were wrongfully discharged?

☐ Yes ☐ No

If yes, please explain:

Have you experienced retaliation from this employer?

☐ Yes ☐ No

Signature

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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

Internal use only

Complaint #

Investigator Initials:

Date