



Department of Labor

CITY OF PHILADELPHIA

Domestic Worker Bill of Rights Complaint Form

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

You can submit the completed form in the following ways:

- 1) Email: domesticwork@phila.gov
- 2) Mail to: Office of Worker Protections,
Attn: Office of Benefits and Wage Compliance
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 Employer _____

Address _____

Employer Email _____ Employer Phone _____

Please check if the following applies to this employer.

☐ This employer is private residence

☐ This employer is a business

Eligibility details

Enter information about your eligibility.

3

Please check if any of the following apply to you:

☐ Nanny or childcare services

☐ Live in services

☐ House cleaning services

☐ Other domestic services

☐ Caretaker and elderly care services

Complaint details

Enter information the complaint.

4

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

Please include the contract when submitting this form.

Please check each violation for this complaint:

☐ Failure to provide a written contract

☐ Failure to provide two weeks notice of termination or two weeks severance pay

☐ Failure to provide meal and rest breaks

☐ Failure to provide four weeks notice of termination or four weeks severance pay to live in worker

☐ Failure to track and provide paid time off

☐ Failure to notify employee of their rights

☐ Discrimination or sexual harassment

☐ Workplace surveillance

☐ Labor trafficking

☐ Other

☐ Retaliation for exercising rights

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 _____