

## COVID-19 Retaliation Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email [COVID19workplaceprotections@phila.gov](mailto:COVID19workplaceprotections@phila.gov) or call our office at 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 **COVID19WorkplaceProtections@phila.gov** or call **215.686.08 02**.

You can submit the completed form in the following ways:

1) Email: [COVID19workplaceprotections@phila.gov](mailto:COVID19workplaceprotections@phila.gov)

2) Mail to: Department of Labor,

Attn: Office of Worker Protections

100 S. Broad St, 4th 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 Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer Email \_\_\_\_\_

Employer Phone \_\_\_\_\_

### Eligibility details

Enter information about your eligibility.

3

Please check if any of the following apply to you:

☐ The violation happened on or after June 26, 2020.

☐ Employee refuses to work due to unsafe conditions.

☐ The complaint is related to the employer not following COVID-19 public health order.

☐ Employee faced retaliation for raising potential COVID-19 public health order violation.

☐ Employer is aware of the unsafe condition.

### Complaint details

Enter information the complaint.

4

Please check each violation for this complaint:

☐ Employer retaliated by firing employee.

☐ Employer retaliated by disciplining employee.

☐ Employer mandated employee to work in unsafe condition.

☐ Employer retaliated by other adverse action.

☐ Other

Please describe the violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_