



Mayor's Office of Labor

Benefits & Wage Compliance

CITY OF PHILADELPHIA

COVID-19 Retaliation Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email COVID19workplaceprotections@phila.gov or call our office at 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 COVID19WorkplaceProtections@phila.gov or call 215.686.0802.

You can submit the completed form in the following ways:

1) Email: COVID19workplaceprotections@phila.gov

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

Attn: Office of Benefits and Wage Compliance

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.

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

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.

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.

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 _____