

## Tower Crane Break Complaint Form

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

You can submit the completed form in the following ways:

- 1) Email: [WorkerProtection@phila.gov](mailto:WorkerProtection@phila.gov)
  - 2) Mail to: Office of Worker Protections,  
Land and Title Building  
100 S Broad St, 4th Floor, #424 Philadelphia PA 19102
- After our office receives your completed form, we will contact you.

### Contact

Provide the best form of contact.

1

Your 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

Your Hourly Rate

Are you a Tower Crane Operator?

Yes

☐

No

☐

### Complaint details

Enter information about the complaint.

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.

3

Please check each violation for this complaint:

☐

Worked more than 4 hours

☐

Did not receive a 30 minute break

☐

Was not allowed to descend for the break period of 30 minutes

Dates or time periods for alleged violation:

Have you experienced retaliation from this employer?

☐

Yes

☐

No

### Signature

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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

### Internal use only

Complaint #

Investigator Initials:

Date sent to employer