

EARNED SICK LEAVE (“ESL”) COMPLAINT FORM

FOR OFFICIAL USE ONLY
CASE NO. # _____
DATE REC’D: _____

(Before completing, please review Section 1020.200 of the Rules governing ESL cases at the Commission. Be sure to include facts explaining why you and your employer are covered by the Ordinance. Explain in detail how your employer has violated the Ordinance. Separate each allegation into its own numbered paragraph. Attach documents as described below.)

6. FACTS THAT SUPPORT YOUR COMPLAINT: (Attach extra sheets if additional space is needed.)

Attach to this complaint any documents that support your claim (e.g., paychecks, paystubs, direct deposit receipts, W-2s, 1099s, work schedules, benefit schedules, etc.).

Provide the Commission with the names and contact information of any witnesses who can corroborate your claim as soon as possible.

Under penalties of law, I certify that all information included in this complaint is true and accurate to the best of my knowledge and belief.

Complainant Signature

Date

Representative Signature (if applicable)

Date