Equal Pay Act Complaint

PLEASE PRINT OR TYPE ALL INFORMATION
Refer to the accompanying Guide to assist you in filling out this form.

FOR OFFICE USE ONLY		
Taken by:	Office:	Employee Name:
Date filed:	Violation:	Case #:
Action:	SIC #:	

PRELIMINARY QUESTIONS

**The following questions are asked in relation to your current complaint **

1. Do you claim you were paid less than an employee of the opposite sex, of another race, or of another ethnicity, who is performing substantially similar work?

☐ YES ☐ NO

If Yes, is the pay disparity based on: ☐ SEX ☐ RACE ☐ ETHNICITY

Provide your demographic information related to the basis of your claim i.e. provide your SEX if pay disparity is based on SEX.

SEX:
- ☐ Female
- ☐ Male
- ☐ Other_____

RACE: (Mark all that apply)
- ☐ American Indian, Native American, Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other _____

ETHNICITY:
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

2. Did you speak with a Labor Commissioner Investigator during an inspection at your worksite?

☐ YES, on: _____/_____/_____(DD/MM/YY) Name of Investigator:_____ ☐ NO

3. Have you made a previous **wage claim** against your employer with the Labor Commissioner? In which District Office? _____

☐ YES, on: _____/_____/_____ (DD/MM/YY) ☐ NO **[If you have unpaid wages, you may file a wage claim by filling out another form, DLSE Form 1.**

4. Are other employees also filing Equal Pay Act (California Labor Code §1197.5) claims against your employer?

☐ YES ☐ NO ☐ I DON'T KNOW

Part 1: LANGUAGE ASSISTANCE & REPRESENTATION

5a. Do you need an interpreter? ☐ Y ☐ N	**5b.** If you checked "YES" to Box 5a, enter language needed: _____			
6a. If you are being helped with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION:				**6b.** ADVOCATE'S PHONE
6c. ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)	CITY	STATE	ZIP CODE	**6d.** ADVOCATE'S EMAIL

Part 2: EMPLOYER INFORMATION

7. EMPLOYER / BUSINESS NAME(S)	**8.** EMPLOYER'S VEHICLE LICENSE PLATE #		**9.** EMPLOYER'S PHONE
10. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite):	CITY	STATE	ZIP CODE
11. ADDRESS where you worked, if different from Box 10 (Number, Street, Floor, Suite):	CITY	STATE	ZIP CODE
12. NAME of PERSON IN CHARGE (First Name, Last Name)	**13.** JOB TITLE / POSITION of PERSON IN CHARGE		
14. TYPE OF BUSINESS	**15.** TYPE OF WORK PERFORMED	**16.** TOTAL NUMBER OF EMPLOYEES	**17.** EMPLOYER STILL IN BUSINESS? ☐ YES ☐ NO ☐ I DON'T KNOW

18. Check which box describes your employer: ☐CORPORATION ☐INDIVIDUAL/DBA ☐PARTNERSHIP ☐LLC ☐LLP ☐I DON'T KNOW

Part 3: EMPLOYMENT STATUS

18. Are you still employed by the employer? ☐ YES ☐ NO

If you checked "NO", indicate reason: ☐QUIT ☐DISCHARGED ☐SUSPENDED ☐Other (specify): _____

20. If you no longer work for the employer, what was your final rate of pay? $_____/_____
(for example, $10/hour)

PRINT YOUR EMPLOYER'S NAME: _____

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Case #:

Part 4: YOUR COMPLAINT

INSTRUCTIONS: Please see the Instructions Sheet to help you answer the following questions. Give a written statement to each question. An incomplete form will result in delays. While it is important to know the names of management involved, **do not include the names of any of your witnesses on this page.**

21. What is your job title and/or occupation?

_____

_____

22. What are your job duties?

_____

_____

23. How much are you paid? Include all your compensation (wages, bonuses, commissions, other).

_____

24. Who are the employees being paid more than you?

Employee 1

a. Name:_____ b. Job Position:_____

c. Job Duties:_____

d. Sex, Race, Ethnicity:_____

e. Location:_____

f. Wage Rate (Include all of this employee's compensation):_____

Employee 2

a. Name:_____ b. Job Position:_____

c. Job Duties:_____

d. Sex, Race, Ethnicity:_____

e. Location:_____

f. Wage Rate (Include all of this employee's compensation):_____

If there are more than two employees, please attached an additional sheet with more information.

25. Have you asked your employer why you are paid less than your co-worker? ☐ YES ☐ NO

d. If yes, what was the employer's response? Are the reasons that your employer gave untrue? Please explain.

_____

_____

e. If no, what reason do you think the employer would give to explain the unequal pay?

_____

_____

26. Do you believe that you have also been retaliated against because you exercised your rights under the Equal Pay Act? If so, fill out and submit the "Retaliation Complaint" form (RCI-1)

PRINT YOUR EMPLOYER'S NAME: _____

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THIS PAGE IS CONFIDENTIAL

Part 5: YOUR INFORMATION

The name of the complainant shall be confidential until the Labor Commissioner establishes the validity of the complaint, unless the complainant's name must be disclosed to investigate the complaint. The complainant's name shall remain confidential if the complaint is withdrawn before the complainant's name is disclosed.

27. Your FIRST NAME	**28.** Your LAST NAME	**29.** HOME PHONE	**30.** OTHER PHONE	**31.** BIRTH DATE

32. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)	CITY	STATE	ZIP CODE

33. EMAIL _____ **34.** Your Date of Hire _____ _____ _____ (DD/MM/YY)

NEW EMPLOYMENT

Have you started a new job? ☐Yes ☐No

Date you started new job: _____ _____(DD/MM/YY)

Name of New Employer: _____

Rate of pay: $_____/_____(for example, $10/hour)

Part 6: WITNESSES

All witnesses are kept confidential. The Labor Commissioner will not reveal their identities unless it becomes necessary to proceed with the investigation or to enforce the Labor Commissioner's determination.

35. Please list any witnesses who can support your Equal Pay Act claim. Name: _____ Title: _____

Address: _____

Witness Phone Number: _____ Witness Email Address: _____

Describe the information they have in connection to your complaint: _____

_____

Name: _____ Title: _____

Address: _____

Witness Phone Number: _____ Witness Email Address: _____

Describe the information they have in connection to your complaint: _____

_____

Part 7: REMEDIES

Briefly describe what kind of remedy or solution you are seeking. What do you hope happens as a result of filing this complaint?

_____

_____

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection.

Signed: _____ Date: _____

Print Name: _____

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