

BUREAU OF FIELD ENFORCEMENT STATE OF CALIFORNIA-DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF LABOR STANDARDS ENFORCEMENT	OFFICE USE ONLY TAKEN BY: _____ DATE FILED: _____ INDUSTRY: _____
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Please print legibly or type. Fill out this form if you would like to report a widespread violation of workplace laws (e.g., wage and hour, child labor, workers' compensation, or recordkeeping laws) by an employer that affects all or a group of employees working for the employer. If you are claiming only unpaid wages on behalf of yourself and do not wish to report a widespread violation of the law by your employer that also affects other workers, then fill out the DLSE Form 1 (Initial Report or Claim) to file an individual wage claim, instead of this form.

REPORT OF LABOR LAW VIOLATION

SECTION 1. REPORTING PARTY (INDIVIDUAL OR REPRESENTATIVE)

NAME OF REPORTING PARTY: _____ IF INTERPRETER IS NEEDED, INDICATE LANGUAGE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: (____) _____ CELL/OTHER PHONE: (____) _____ E-MAIL (if available): _____

If you are represented by a lawyer or other advocate, enter your ADVOCATE and ORGANIZATION information:

NAME: _____ ORGANIZATION NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: (____) _____ CELL/OTHER PHONE: (____) _____ E-MAIL (if available): _____

SECTION 2. EMPLOYER REPORTED

EMPLOYER BUSINESS NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: (____) _____ TYPE OF BUSINESS: _____ TOTAL EMPLOYEES: _____

ENTITY TYPE: CORPORATION INDIVIDUAL PARTNERSHIP LLC LLP OTHER (explain): _____

OWNER'S NAME: _____ NAME AND JOB TITLE OF PERSON IN CHARGE: _____

	ADDRESS CITY, STATE, ZIP	EMPLOYER STILL OPERATING THERE?	BUSINESS HOURS	TOTAL EMPLOYEES
EMPLOYER'S MAIN WORK LOCATION		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		

IS THE EMPLOYER COVERED BY WORKERS' COMPENSATION INSURANCE? YES NO UNKNOWN

IS THERE A UNION CONTRACT? YES NO DID YOUR JOB INVOLVE PUBLIC WORKS? YES NO

EMPLOYER'S VEHICLE LICENSE PLATE NUMBER: _____

SECTION 3. WORK HOURS AND WAGES

DO YOU OR DID YOU WORK FOR THE EMPLOYER? YES NO IF "YES":
 DATE OF HIRE: ____/____/____ LAST DAY OF WORK (if applicable): ____/____/____ QUIT FIRED STILL EMPLOYED

DID THE EMPLOYER DESIGNATE WHAT TIME THE WORKDAY BEGAN FOR EMPLOYEES? YES NO DON'T KNOW IF "YES":
 WHAT TIME DID THE EMPLOYER DESIGNATE? _____ AM PM

DID THE EMPLOYER DESIGNATE WHICH DAY OF THE WEEK THE WORKWEEK BEGAN? YES NO DON'T KNOW IF "YES":
 WHAT DAY DID THE EMPLOYER DESIGNATE? SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

WHAT IS THE **NORMAL OR STANDARD WORK SCHEDULE** FOR EMPLOYEES DURING THE WEEK? PROVIDE YOUR BEST ESTIMATE OF THE START AND END TIMES AND NUMBER OF HOURS WORKED FOR EACH WORK DAY. (If employees did not work standard schedules, skip to the next question.)

SUNDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
MONDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
TUESDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	TOTAL HOURS WORKED PER WEEK: _____
WEDNESDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
THURSDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
FRIDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
SATURDAY	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	

SECTION 3. WORK HOURS AND WAGES (continued)

DO EMPLOYEES WORK DIFFERENT SCHEDULES OR IRREGULAR HOURS SO YOU CANNOT PROVIDE A STANDARD WORK SCHEDULE? YES NO

IF "YES," BRIEFLY DESCRIBE THE DIFFERENT SCHEDULES OR IRREGULAR WORK HOURS AS BEST AS YOU CAN: _____

WHEN IS THE NORMAL OR STANDARD SCHEDULED MEAL PERIOD FOR EMPLOYEES?

START TIME: _____ AM PM END TIME: _____ AM PM THERE IS NO STANDARD SCHEDULED MEAL PERIOD

WHAT IS THE AVERAGE LENGTH OF TIME FOR AN EMPLOYEE'S MEAL PERIOD? _____ MINUTES HOURS

WHO SET THE WORK SCHEDULE? (FULL NAME AND JOB TITLE/POSITION): _____

WHAT DAY IS PAY DAY? DAILY

WEEKLY ON _____ BI-WEEKLY ON (Once every two weeks) _____

MONTHLY ON _____ SEMI-MONTHLY ON (Twice a month) _____

WHO PAYS EMPLOYEES? (FULL NAME AND JOB TITLE/POSITION): _____

ARE EMPLOYEES PAID BY THE HOUR? YES NO IF "YES," HOW MUCH? \$ _____ PER HOUR

VARIES (EXPLAIN): _____

ARE EMPLOYEES PAID A FIXED AMOUNT OF WAGES (OR SALARY), REGARDLESS OF THE NUMBER OF HOURS WORKED? YES NO

IF "YES," HOW MUCH? \$ _____ PER DAY PER WEEK EVERY 2 WEEKS SEMI-MONTHLY MONTHLY

VARIES (EXPLAIN): _____

ARE EMPLOYEES PAID BY PIECE RATE? YES NO IF "YES," HOW MUCH? \$ _____ PER (Describe Unit) _____

PIECE RATES VARY (EXPLAIN): _____

HOW ARE EMPLOYEES PAID? CHECK CASH

BOTH CHECK & CASH OTHER METHOD (EXPLAIN): _____

METHOD OF PAYMENT VARIES PER EMPLOYEE OR JOB POSITION (EXPLAIN): _____

IF EMPLOYEES ARE PAID IN CASH, DOES THE EMPLOYER KEEP CASH PAYMENT RECORDS OR LOGS? YES NO DON'T KNOW

DOES THE EMPLOYER KEEP TIME RECORDS OF HOURS WORKED BY EMPLOYEES? YES NO DON'T KNOW

WHAT LANGUAGES ARE SPOKEN BY EMPLOYEES? ENGLISH SPANISH MIXTEC TRIQUE CANTONESE MANDARIN KOREAN
 VIETNAMESE TAGALOG CAMBODIAN HMONG THAI PUNJABI HINDI RUSSIAN OTHER: _____

SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER

The boxes below describe conduct by an employer that violates the law. Please put a check mark in the box(es) if the employer engages in, or any employee or employees have experienced, any of the following violations:

NO WORKERS' COMPENSATION INSURANCE

CHILD LABOR VIOLATIONS:

- No valid work permit(s)
- No valid entertainment work permit(s)
- Minor(s) work excessive or prohibited hours
- Minor(s) work in hazardous conditions

Estimated number of minors affected: _____

MINIMUM WAGE VIOLATIONS:

- Paid below minimum wage
- Not paid at all for overtime hours worked
- Not paid for all hours worked, including unpaid travel time and try-out time
- Paycheck issued with insufficient funds
- Asked employee to pay back wages paid
- No split shift premium pay

Estimated number of employees affected: _____

OVERTIME VIOLATIONS:

- Not paid daily overtime for hours worked over 8 hours per day (or 10 hours per day for farmworkers)
- Not paid weekly overtime for hours worked over 40 hours per week
- Not paid double time for hours worked over 12 hours per day
- Not paid overtime for working on the 7th consecutive workday in a workweek

Estimated number of employees affected: _____

SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER (continued)

OTHER UNPAID WAGES:

- Wages are not paid at the contracted rate
- No reporting time premium pay
- No premium pay for missing meal or rest periods

Estimated number of employees affected: _____

PAY STUB VIOLATIONS:

- Paid by check or cash without an itemized wage deduction statement
- Itemized wage deduction statement provided but not accurate and/or incomplete
- Itemized wage deduction statement not provided at least semi-monthly

Estimated number of employees affected: _____

MEAL PERIOD VIOLATIONS:

- 30-minute off-duty meal period not provided by the end of the 5th hour of work
- Second 30-minute off-duty meal period not provided when working more than 10 hours
- Meal period provided but less than 30 minutes

Estimated number of employees affected: _____

REST BREAK VIOLATIONS:

- For work days between 3.5 hours and up to 6 hours per day, not allowed to take a 10-minute rest break
- For work days of more than 6 hours and up to 10 hours per day, not allowed to take two 10-minute rest breaks
- For work days of more than 10 hours and up to 14 hours per day, not allowed to take three 10-minute rest breaks

Estimated number of employees affected: _____

PAY DATE VIOLATIONS:

- No fixed pay date
- Late payment of wages

Estimated number of employees affected: _____

RECORD KEEPING VIOLATIONS:

- Daily time records are not kept or inaccurate
- Payroll records are not kept or inaccurate
- No notice to new hires (under Labor Code Section 2810.5)

BUSINESS EXPENSE VIOLATIONS:

- Uniforms not reimbursed or illegally charged to employees
- Tools, supplies or equipment not reimbursed or illegally charged to employees
- Illegal charges for cash shortages, breakage, or loss of equipment

Estimated number of employees affected: _____

FAILURE TO POST:

- Applicable Industrial Welfare Commission Order not posted
- Minimum Wage Order 2001 not posted
- Pay day notice not posted
- Workers' compensation insurance notice not posted
- Rate of compensation not posted (for farmworkers only)

MISCLASSIFICATION:

- Employees misclassified as independent contractors
- Salaried employees misclassified as exempt employees

Estimated number of employees affected: _____

LICENSING/REGISTRATION VIOLATIONS:

- Unlicensed construction contractor
- Contracted with unlicensed construction contractor
- Unlicensed farm labor contractor
- Unregistered garment contractor or manufacturer
- Unregistered car wash

FAILURE TO PROVIDE LACTATION ACCOMMODATIONS

Estimated number of employees affected: _____

OTHER VIOLATIONS (briefly explain):

Estimated number of employees affected: _____

Please provide any other information about your complaint that you believe is important for the Labor Commissioner to know:

Please provide the following information for any minors under the age of 18 who work for the employer:

FULL NAME (first and last name, and any "nick" names)	AGE	JOB POSITION/ TYPE OF WORK PERFORMED	NORMAL WORK SCHEDULE	HOW WAS THE MINOR PAID (by check, in cash, both cash and check, or other method)?

MAY YOUR NAME BE USED IN AN INVESTIGATION? YES NO

DO YOU WANT DLSE TO KEEP YOUR NAME AND CONTACT INFORMATION CONFIDENTIAL? * YES NO

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

PRINT NAME: _____

* DLSE will maintain confidentiality as appropriate in each case and to the extent provided for under the law. Information may need to be released in some cases.