STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT
**BUREAU OF FIELD ENFORCEMENT/KAWANIHAN NG LARANGAN NG PAGPAPATUPAD**
STATE LABOR COMMISSIONER

| FOR OFFICE USE ONLY – NO ESCRIBA EN ESTA SECCION | | |
|---|---|---|
| Taken by | **BOFE** | |
| Date filed | Action | SIC Number |

## Initial Report or Complaint/ Paunang Ulat o Paghahabol

**PLEASE PRINT ALL INFORMATION / PAKILIMBAG ANG LAHAT NG IMPORMASYON**

| | | |
|---|---|---|
| Your name / Inyong pangalan | Interpreter needed/ Kailangan ng tagapagsalin ☐ Yes/Oo ☐ No/Hindi | If interpreter needed, what language?/Kung kailangan ng tagapagsalin, anong wika? |
| Your address – Number and street, apartment or space no./ Inyong direksiyon – Numero at Kalye, numero ng apartment o puwesto | | Home phone no./ Numero ng telepono sa bahay ( ) |
| City, State, Zip Code / Lungsod, Estado, Zip Code | Work phone no. / Numero ng teleponso sa trabaho ( ) | |

**AGAINST / LABAN SA**

| | |
|---|---|
| Name of business / Pangalan ng negosyo<br><br>Employer's vehicle license no. / Licensya ng amo sa kanyang sasakyan | ☐ Corporation / Korporasyon<br>☐ Sole owner / Solong may-ari<br>☐ Partnership / Pagkakasosyo<br>☐ LLC-LLP / LLC-LLP<br>☐ Bankruptcy / Bankruptcy<br>☐ Business sold / Binenta ang negosyo<br>☐ Business closed / Sinara ang negosyo |
| Address of business, City, State, Zip Code, Telephone / Direksiyon ng negosyo, Lungsod, Estado, Zip Code, Numero ng telepono | |

| | | | |
|---|---|---|---|
| Name and title of person in charge / Pangalan at titulo ng taong tagapangasiwa | No. of employees / Bilang ng mga empleado | Are minors employed? / May mga menor de edad na nagtatrabaho? ☐ Yes/Oo ☐ No/Hindi | If so, how many? / Kung merong menor de edad, ilan sila? |
| Location where work performed - Number. and Street , City , County, Zip Code / Lokasyong pinagtatrabahuhan – Numero at Kalye, Lungsod, County, Zip Code | Public Works Project? / Proyektong Gawaing-Bayan? ☐ Yes/Oo ☐ No/Hindi | Was your job union? / Kaanib sa union? ☐ Yes/Oo ☐ No/Hindi | |

**CONDITIONS OF EMPLOYMENT / CONDICIONES DE EMPLEO**

| | | |
|---|---|---|
| Rate of pay – per hour, day , week or month or piece rate (specify)<br>Bayad – por ora, sa isang araw, linggo o buwan o bayad por piraso (banggitin)<br>$ | Total hours worked / Kabuuang oras ng pagtatrabaho<br>By day / Arawan<br>By week / Lingguhan | Paid Overtime?/ Binabayaran ang Overtime?<br>☐ Yes/Oo ☐ No/Hindi |
| How many hours were you scheduled to work in a workday? / Ilang oras kang naka-talang magrabaho sa isang araw? | How many hours were you scheduled to work in a workweek? / Ilang oras kang naka-talang magtrabaho sa isang lingo? | |
| What are the employer's scheduled pay days? / Ano ang mga nakatakdang araw ng pagpapasweldo ng amo? | Are you required to record the hours worked?/ Kailangan mo bang itala ang mga oras ng trabaho?<br>☐ Yes/Oo ☐ No/Hindi | Does the employer record the hours worked?/ Itinatala ba ng amo mo ang mga oras ng trabaho?<br>☐ Yes/Oo ☐ No/Hindi |
| How were you paid?/ Paano kayo binayaran?<br>☐ By check / Tseke<br>☐ In cash / Cash | Given a deduction slip ? / Binigyan ba kayo ng papel na pinapakita ang mga binabawas sa sweldo ?<br>☐ Yes/Oo ☐ No/Hindi | Did you keep a record of hours worked ? / Nililista ba ninyo kung ilang oras kayong nagtatrabaho ?<br>☐ Yes/Oo ☐ No/Hindi |
| Do you receive rest periods? /Binibigyan ka ba ng oras magpahinga?<br>☐ Yes/Oo ☐ No/Hindi<br>If so, how many and length of each rest period./ Kung Oo, ilang beses at gaano kahabang oras ang kada pahinga ? | Do you receive a meal period? /Binibigyan ka ba ng oras para kumain?<br>☐ Yes/Oo ☐ No/Hindi<br>If so, how much time are you given ? / Kung Oo, ilang oras ang binibigay sa iyo para kumain? | |
| Are you still working for this employer? / Nagtatrabaho pa ba kayo sa negosyong ito?<br>☐ Yes/Oo ☐ No/Hindi<br>☐ Discharged / Tiniwalag ☐ Quit / Nagbitiw | **May your name be used in an investigation? / Puede bang gamitin ang pangalan ninyo sa imbestigasyon?**<br>☐ Yes/Oo ☐ No/Hindi | |

**EXPLAIN BRIEFLY THE REASON FOR THIS COMPLAINT** (use additional sheet if necessary)/ Ipaliwanag sa madaling sabi ang dahilan para sa reklamo (gumamit ng karagdagang papel kung kinakailangan)

***I hereby certify that this is a true statement to the best of my knowledge/Pinatutunayan ko na ang mga nakalahad dito ay tunay na pahayag sa abot ng aking kaalaman.***

Signed: _____ Date: _____

**DO NOT WRITE ON THIS SIDE** - ***For Office Use Only***

| Claimant : | Against : | Action Number | |
|---|---|---|---|
| Address : | Address : | Docket Date | Date Closed |
| | | | |
| | | **DATE ( S) CLAIM RECEIVED** | |
| Address change as of : | Address change as of: | | |
| | | | |
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| **RECORD OF RECEIPTS** | | | | **RECORD OF PAYMENTS TO CLAIMANT** | | | |
|---|---|---|---|---|---|---|---|
| Date Received | Check, Cash, Etc. | Receipt Number | Amount | Division Check Number | Date Paid | Balance Due | Signature / Remarks |
| | | | | | | | |
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| **CONFERENCE: DATES** | | | **PEND: DATES** | | | | |
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