

Direct any correspondence to
LABOR COMMISSIONER, STATE OF CALIFORNIA



RETALIATION COMPLAINT

FOR OFFICE USE ONLY

TAKEN BY	DATE	OFFICE
VIOLATION OF SECTION		NAME OF CODE
ASSIGNED INVESTIGATOR		CASE NUMBER

PLEASE PRINT ALL INFORMATION

NAME		HOME TELEPHONE NO.		CURRENT WORK PHONE NO.	
YOUR ADDRESS-NUMBER AND STREET, APARTMENT OR SPACE NUMBER, CITY, ZIP CODE					
SEX	SOCIAL SECURITY		CALIFORNIA DRIVER LICENSE NO.		DATE OF BIRTH
NAME OF BUSINESS		EMPLOYER'S NAME		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER	
ADDRESS OF BUSINESS-NUMBER AND STREET, CITY, ZIP CODE				TELEPHONE NUMBER	
ADDRESS WHERE YOU WORKED IF DIFFERENT THAN ABOVE				DATE OF HIRE?	
YOUR DEPARTMENT AND JOB TITLE		RATE OF PAY		NUMBER OF HOURS WORKED?	
				PER DAY PER WEEK	
NAME OF SUPERVISOR		TYPE OF BUSINESS		ESTIMATED NO. EMPLOYEES	
WAS YOUR JOB UNION?		IF YES, NAME AND ADDRESS OF UNION?		TELEPHONE	
WERE YOU DISCHARGED?		IF YES-DATE		BY WHOM? NAME AND TITLE	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
DID YOU NOTIFY YOUR EMPLOYER OF INTENTION TO FILE A CLAIM WITH THE LABOR COMMISSIONER?			IF YES-DATE		NAME AND TITLE OF PERSON NOTIFIED?
<input type="checkbox"/> YES <input type="checkbox"/> NO					
DID YOU FILE A SAFETY COMPLAINT?		IF YES-DATE		WITH WHOM-NAME AND ADDRESS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
DID YOU NOTIFY OSHA?		IF YES-DATE		WHICH OFFICE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND TITLE OF PERSON(S) YOU BELIEVE RETALIATED AGAINST YOU?					
WHAT REMEDY ARE YOU SEEKING THROUGH THIS DIVISION?					
HAVE YOU FILED WITH ANY OTHER GROUP OR AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH OFFICE?					
NAME		ADDRESS		TELEPHONE	
ARE YOU BEING REPRESENTED BY AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME		ADDRESS		TELEPHONE	

LIST NAME, JOB TITLES AND TELEPHONE NUMBER (IF POSSIBLE) OF WITNESSES, CO-WORKERS OR THOSE YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT TO THE ACTS YOU ARE COMPLAINING ABOUT. USE ADDITIONAL SHEETS

[OVER]

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT**

Give a written statement answering each of the questions in the space provided below. After answering these questions, if you wish, you may also attach additional sheets to provide a more detailed description of the circumstances of the retaliatory act.

1. Protected activity (What did you do that caused your employer to retaliate against you?)

Date of protected activity: _____

2. Employer knowledge (How did your employer know you engaged in a protected activity?)

Date of employer knowledge: _____

3. Adverse action (What did your employer do to you because you engaged in a protected activity?)

Date of adverse action: _____

I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct

EXECUTED ON, _____, AT _____ CALIFORNIA

SIGNATURE

IF ADDITIONAL PAGES ARE USED, YOU MUST INITIAL, DATE AND NUMBER EACH PAGE.