

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2014 to 06/30/2015

RECEIVED  
RECEIVED  
AUG 25 2015  
AUG 25 2015

1. Name of Labor Compliance Program (LCP) : City of San Jose	
2. LCP I.D. Number (assigned by DIR): 2013.01218	3. Date of Initial Approval: 01/22/2015
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Nina Grayson, Director City of San Jose/Office of Equality Assurance 200 East Santa Clara Street Fifth Floor San Jose CA 95113	
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102	

**LCP-ARI**

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

**SUBMITTED BY:**



Signature

Nina Grayson, Director, Office of Equality Assurance  
Name and Title

08/21/2015  
Date