

Equal Pay Act Complaint

FOR OFFICE USE ONLY

Taken by:	Office:	Employee Name:
Date filed:	Violation:	Case #:
Action:	SIC #:	

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

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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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____