

**Maryland Earned Sick and Safe Leave Complaint Form**



For Office Use Only: Complaint #

**SECTION I. Employee Information (*Note: Please print or type all information.)***

Name:  First Middle Initial Last

SSN/ITIN *(last four digits)*:  Date of Birth (mo./day/year): 

Address: 

Street City State Zip Code

*\*If you change your address or telephone number after submitting this form, please notify Employment Standards Service (ESS) immediately* ***in writing****. If ESS cannot contact you, your claim will be dismissed.*

Daytime Telephone:  Email Address: 

Date you were hired:  Your last day worked: 

Job title / Function:  Start date:  End date: 

**SECTION II. Employer Information**

Employer Name: 

Is employer still in business?  Yes  No Number of employees  1-14  15 or more

(including full time, part time, temporary and seasonal)

Employer’s Address:  Street City State Zip Code

Corporation name, if any: 

Employer Contact: 

Telephone: 

Email: 

Direct supervisor’s name: 

Phone: 

Email: 

Please list any other addresses affiliated with the employer:

 Street City State Zip Code

**SECTION III. Employment Information**

1. Do you regularly work more than 12 hours in a week?  Yes  No
2. Are you employed in the construction industry?  Yes  No If Yes, are you covered by a collective bargaining agreement?  Yes  No
3. Do you work on an as needed basis in the health & human service industry?  Yes  No
4. Are you an independent contractor?  Yes  No
5. Are you employed by a temporary service agency?  Yes  No
6. Employment status with this employer.  Still Employed  Resigned  Discharged

(If discharged, state reason): 

1. What type of work do you perform? (For example: carpentry, data entry, nursing): 
2. List primary duties and responsibilities:



1. Address, city, state and zip where work was performed: 
2. In what county/city was, your work performed? 
3. Rate of pay: $  per 

How often were you paid?  Weekly  Bi-weekly  Monthly  Semi-monthly  Other (explain)



1. Do you have a copy of your employer’s earned sick and safe leave policy?  Yes  No

If yes, please provide.

1. Do you have records of the amount of earned sick and safe leave that is available for your use?  Yes  No

If yes, please provide including recent paystubs.

1. Date(s) earned sick and safe leave violation(s) occurred: 
2. Total number of hours of earned sick and safe leave that you are claiming. 
3. How you believe earned sick and safe leave violation(s) occurred? (Check all that you allege.)

Not allowing me to use earned sick and safe leave  Not compensating me correctly for earned sick and safe leave

Not allowing me to carry over earned sick and safe  Requiring me to find a replacement worker

leave from one year to the next

Requiring me to make up hours missed  Requiring me to provide medical documentation

Not providing me with the Notice of Employee Rights  Not providing earned sick and safe leave

Retaliating against me for requesting earned sick and safe

leave, using sick leave, or filing a complaint statement ­ Other

**SECTION IV. Complaint Details & Statement of Fact**

1. In the space below, please provide all details and information, including dates, witnesses, and location(s) regarding the alleged violation(s). Please be as specific as possible and attach supporting documents and/or additional sheets if needed.



1. Are any of the matters listed above pending in state or federal court?  Yes  No
2. If you have retained an attorney to assist you in your complaint alleging a violation or other matter against your employer, please specify name, address, email and phone number(s) of attorney.

**V. Certification and Signature**

I HEREBY CERTIFY that the statements herein, including any attachments, are true and accurate to the best of my knowledge. I UNDERSTAND that acceptance of this complaint by the Maryland Division of Labor and Industry does not guarantee relief. I AUTHORIZE the Division of Labor and Industry to receive any monies paid and mail such monies to me at my own risk.

Employee Signature:  Date: 

Employee Name (printed): 

To the extent practicable, the Commissioner will keep your identity confidential unless you waive confidentiality by checking this box

You may mail or email your complaint to:

Department of Labor

Division of Labor and Industry  
Employment Standards Service  
10946 Golden West Drive – Suite 160

Hunt Valley, MD  21031  
Telephone Number: (410) 767-2357

E-mail: [DLDLIMdLaborComplaint-dllr@Maryland.gov](mailto:DLDLIMdLaborComplaint-dllr@Maryland.gov)

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