

## LIVING WAGE COMPLAINT FORM



Name:	Telephone:
Address:	Zip Code:
Date of Birth: Age: Social Securit	iy:
Date Employment Began:  Month/Day/Year  Date Employment	Terminated: Month/Day/Year
Employer Name:	Telephone:
Address of Work:	Zip Code:
Is Contract for Services valued in excess of \$100,000? [Check one] Yes No Unsure	
How many consecutive weeks did you work on this project?: Did you Work Full Time: Yes No  First Day Worked on this Contract:  Last Day Worked on this Contract:	
Rate of Pay \$	
I do solemnly declare and affirm under penalties of perjury that the matters and facts set forth herein, are true and correct.	
SIGNATURE: DA	ATE:

Department of Labor, Licensing and Regulation Division of Labor and Industry Living Wage Unit

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