



LIVING WAGE COMPLAINT FORM



Name: Telephone:

Address: Zip Code:

Date of Birth: Age: Social Security:
Month/Day/Year

Date Employment Began: Date Employment Terminated:
Month/Day/Year 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 \$ Hourly Daily Weekly Monthly

Statement/Explanation of Claim:

I do solemnly declare and affirm under penalties of perjury that the matters and facts set forth herein, are true and correct.

SIGNATURE:

DATE: