

<h2 style="margin: 0;">Equal Pay Act Complaint</h2> <p style="margin: 5px 0;">PLEASE PRINT OR TYPE ALL INFORMATION Refer to the accompanying Guide to assist you in filling out this form.</p>	FOR OFFICE USE ONLY		
	Taken by:	Office:	Employee Name:
	Date filed:	Violation:	Case #:
Action:		SIC #:	

PRELIMINARY QUESTIONS

**The following questions are asked in relation to your current complaint **	
<p>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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, is the pay disparity based on: <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> ETHNICITY</p> <p>Provide your demographic information related to the basis of your claim i.e. provide your SEX if pay disparity is based on SEX.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>SEX:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Other _____</p> </div> <div style="width: 30%;"> <p>RACE: (Mark all that apply)</p> <p><input type="checkbox"/> American Indian, Native American, Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____</p> </div> <div style="width: 30%;"> <p>ETHNICITY:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> </div> </div>	
<p>2. Did you speak with a Labor Commissioner Investigator during an inspection at your worksite?</p> <p><input type="checkbox"/> YES, on: ____ / ____ / ____ (DD/MM/YY) Name of Investigator: _____ <input type="checkbox"/> NO</p>	
<p>3. Have you made a previous wage claim against your employer with the Labor Commissioner? In which District Office? _____</p> <p><input type="checkbox"/> YES, on: ____ / ____ / ____ (DD/MM/YY) <input type="checkbox"/> NO [If you have unpaid wages, you may file a wage claim by filling out another form, DLSE Form 1.</p>	
<p>4. Are other employees also filing Equal Pay Act (California Labor Code §1197.5) claims against your employer?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW</p>	

Part 1: LANGUAGE ASSISTANCE & REPRESENTATION

<p>5a. Do you need an interpreter?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>5b. If you checked "YES" to Box 5a, enter language needed: _____</p>			
<p>6a. If you are being helped with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION:</p>				<p>6b. ADVOCATE'S PHONE</p> <p>()</p>
<p>6c. ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)</p>	CITY	STATE	ZIP CODE	<p>6d. ADVOCATE'S EMAIL</p>

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?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW	
<p>18. Check which box describes your employer: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL/DBA <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> I DON'T KNOW</p>					

Part 3: EMPLOYMENT STATUS

<p>18. Are you still employed by the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you checked "NO", indicate reason: <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> Other (specify): _____</p>
<p>20. If you no longer work for the employer, what was your final rate of pay? \$ _____ / _____ (for example, \$10/hour)</p>

PRINT YOUR EMPLOYER'S NAME: _____

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Case #:

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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Case #:

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? ☐ Yes ☐ 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: _____