



City of Boston

Jobs and Living Wage Ordinance
THE LIVING WAGE DIVISION • (617) 918-5236

LIVING WAGE COMPLAINT

Any person, including a Covered Employee subject to the living wage ordinance, may use this form to file a complaint with the Living Wage Division of the Office of Workforce Development regarding violations of the Boston Jobs and Living Wage Ordinance.

PART 1: LIVING WAGE DIVISION CONTACT PERSON:

All complaints or questions regarding the Boston Jobs and Living Wage Ordinance should be directed to:

LIVING WAGE ADMINISTRATOR
LIVING WAGE DIVISION
OFFICE OF WORKFORCE DEVELOPMENT
43 HAWKINS STREET
BOSTON, MASSACHUSETTS 02114

IMPORTANT: *Please print in ink or type all required information. Assistance in completing this form may be obtained by calling or visiting the Living Wage Administrator. See Part 1.*

PART 2: COMPLAINANT INFORMATION:

Name of Complainant: _____

Home address: _____
Number and Street

City

State

Zip Code

Daytime Telephone Number: _____

PART 3: VENDOR INFORMATION:

Name of Vendor _____

Name of Owner or Principal Officer of Vendor _____

Vendor Business Address: _____
Number and Street

City

State

Zip Code

Vendor daytime telephone number _____

Compliant Status (Check Appropriate Box): Employee of Vendor Applicant for employment with vendor

Other (Please Explain) _____

PART 4: COMPLAINANT'S ATTORNEY OR REPRESENTATIVE INFORMATION:

Representative's name: _____

Firm/Organization: _____

Address: _____

Telephone #: _____

Signature: _____ Date: _____

PART 5: REASONS FOR COMPLAINT

The vendor is not complying with the Boston Jobs and Living Wage Ordinance for the following reason(s). Please write a complete explanation of the violations you are alleging. If you need more space, attach additional sheets of paper.

PART 5: DISCRIMINATION OR RETALIATION AGAINST COVERED EMPLOYEES:

If a Covered Vendor discharges; reduces the compensation of; or discriminates against any Covered Employee or any other person for making a complaint to the Living Wage Division, otherwise asserting his or her rights under the Boston Jobs and Living Wage Ordinance, participating in any of its proceedings, or using any civil remedies to enforce his or her rights under the ordinance, the Covered Vendor shall be considered in violation of the ordinance.

Please write a complete explanation of the discriminatory or retaliatory acts you are alleging. If you need more space attach additional sheets of paper.

PART 7: WAIVER OF CONFIDENTIALITY (OPTIONAL):

NOTE: READ CAREFULLY BEFORE SIGNING!

I _____ a principal officer of the covered vendor certify and swear/affirm that the information provided on this Vendors Living Wage Affidavit is true and within my own personal knowledge and belief. Signed under the pains and penalties of perjury.

Under the Boston Jobs and Living Wage Ordinance;

"statements written or oral, made by an employee, shall be treated as confidential and shall not be disclosed to the Covered Vendor without the consent of the employee."

You may, however, waive this right of confidentiality to allow the Living Wage Division to investigate your complaint as thoroughly as possible. If you choose to waive your right of confidentiality, please sign the following statement:

I, (print or type) _____, hereby waive my right of confidentiality and permit the Living Wage Division to release my statements both written and oral to the Covered Vendor against whom I have filed this complaint.

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____

PART 8: COMPLAINANT SIGNATURE:

IMPORTANT: The complainant must sign this form even if an agent or attorney fills it out

I, (print or type) _____ swear/affirm that the information provided on this Living Wage Complaint is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

SIGNATURE OF COMPLAINANT

DATE