



## SANTA FE COUNTY LIVING WAGE

## Investigation Request

COMPLAINANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLAINANT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

**YOU MUST ATTACH A COPY OF YOUR PAY STUB TO DOCUMENT THE WAGE PAID**

**OTHER INFORMATION:**

**OFFICIAL USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISPOSITION OF COMPLAINT:**

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