



SANTA FE COUNTY LIVING WAGE

Investigation Request

COMPLAINANT NAME:

DATE:

COMPLAINANT ADDRESS:

PHONE:

EMPLOYER NAME:

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

GROSS PAY:

HOURS WORKED:

HOURLY WAGE:

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: