



SANTA FE COUNTY LIVING WAGE

COMPLAINT FORM

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: _____
