

Living Wage Ordinance
(Chapter 50 of Revised General Ordinance of the City of Syracuse)

COMPLAINT

1. Name _____
(print full name)
- 2a. Address _____
(See #11 to request notice to alternative address)
- 2b. Telephone # _____
- 3a. City Service Contract _____
(e.g., parking, transportation)
- 3b. Specify contract #, if known _____
4. Work Site _____
(e.g., parking lot, parking garage, bus route, or type of bus service)
5. Employer _____
(Name)

(Address)

(Telephone #)
- 6a. Dates of service under City Service Contract: From _____ To _____
(Date) (Date)
- 6b. Number of days and number of hours actually worked on City Service Contract
_____ Days _____ Hours
- 6c. Number of hours worked per week on City Service Contract _____

6d. Number of hours which are the subject of the complaint _____

7. Hourly wage rate on City Service Contract _____

8. Do you have employer provided health insurance coverage:

_____ Yes _____ No

If yes, name of Insurance Company: _____
(e.g., Excellus)

9. Complaint, check all specific areas applicable to your complaint:

_____ Failure to pay applicable Living Wage rate

_____ Health insurance coverage

_____ Compensated days off

_____ Change in job title

_____ Retaliation

_____ Discrimination

_____ Failure to post Living Wage rates

10. Provide narrative of each complaint specified under #9 above (please address each specific complaint in separate paragraph(s)).

11. Name and address for attorney or union representative to receive notice of hearing:

(Name)

(Address)

(Telephone #)

12.

Signature

Date