



Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

COVERED EMPLOYEE COMPLAINT FORM

Living Wage Law, Suffolk County Code, Chapter 575 (2001)

COMPLAINANT: _____ **TELEPHONE #:** _____

ADDRESS: _____

JOB TITLE: _____

IMMEDIATE SUPERVISOR NAME: _____

IMMEDIATE SUPERVISOR TITLE: _____

COVERED EMPLOYER: _____

ADDRESS: _____
_____ **TELEPHONE #:** _____

WORKSITE ADDRESS IF DIFFERENT FROM ABOVE: _____

NATURE OF COMPLAINT

ATTACH OTHER SHEETS & DOCUMENTS AS NEEDED

(Signature of Complainant)

(Date)

Forward to:

Suffolk County Department of Labor, Licensing & Consumer Affairs
Local Law Compliance
P.O. Box 6100
Hauppauge, NY 11788-0099