Office Use ONLY
Date Received: ___ /___ /___
LW Case No: _____

Print Form

Office of Intergovernmental Affairs and Professional Standards
Broward County Governmental Center
115 South Andrews Avenue, Suite 426, Fort Lauderdale, FL 33301
Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

LIVING WAGE COMPLAINT FORM

Last Name: First Name: Middle Initial:

Home Ph. #: Work Ph. #: Cell. Ph. #:

Home Address: Apt./Unit #:

City: State: Zip Code:

Company Name:

Department/Division: Phone Number:

Address: Rm./Unit #:

City: State: Zip Code:

I believe that the following has violated the Broward County Living Wage Ordinance:

Company Name:

Supervisor Name and Position/Title:

Department/Division: Phone Number:

Address: Rm./Unit #:

City: State: Zip Code:

Name of Broward County Contract on which the Employee has been working:

Date of Employee's first day of work under the specified Broward County Contract:

Provide a description of services which the Employee has been performing under the specified Broward County Contract:

In order to complete your complaint form, complete the following sections.

If additional space is needed, please add an additional sheet.

Please provide a detailed narrative of the Employee's complaint in the space provided below. Include all pertinent details.

Is there evidence that can be examined or documentation which can be reviewed? ◯ Yes ◯ No

If yes, please describe the evidence and where it can be found, if known.

NOTE: Copies of the Employee's payroll check stubs, during the time of this complaint, should be submitted with this form.

Are there any witnesses to the improper activity? ◯ Yes ◯ No

If yes, please identify any witnesses by name and provide any contact information you may have in the space below.

Name	Address	Home / Cel. Phone	Work Phone	If County Employee, please provide division and position.

By signing this document, I declare that I have completed this form in good faith and my answers and statements contained herewith are true and correct based on my current knowledge.

Printed Name

Sign and Date

Please return completed form and payroll documentation to Office of Intergovernmental Affairs and Professional Standards