

Steven Bellone  
Suffolk County Executive



Rosalie Drago  
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