

**LIVING WAGE ORDINANCE 2008-45**

**EMPLOYEE COMPLAINT FORM**

**Date:** \_\_\_\_\_

**From:**

\_\_\_\_\_  
(Employee Name)

\_\_\_\_\_  
(Address – Line 1)

\_\_\_\_\_  
(Address - Line 2)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone)

- Note to Employee:**
1. Please write or type legibly.
  2. Please proceed to Page 2 and complete the information required.
  3. Please submit both Page 1 and 2 of the completed Employee Complaint Form to the:  
Broward County Office of Intergovernmental Affairs  
and Professional Standards  
115 S. Andrews Avenue, Room 426  
Fort Lauderdale, FL 33301-1802.

**LIVING WAGE ORDINANCE 2008-45**

**EMPLOYEE COMPLAINT FORM**

Name and address of Employer (Contractor firm against which the complaint is issued):

---

---

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

---

---

Description of services which the Employee has been performing under the Contract named above:

---

---

Date of Employee's first day of work under the Broward County contract named above\*:

---

---

State Employee's complaint:

---

---

---

---

---

---

---

---

---

---

(If more space is needed to define the complaint, attach additional pages)

**\*Attach copies of the Employee's Payroll checks during the time of this complaint.**