



Mayor's Office of Equity City of Pittsburgh Paid Sick Days Act

COMPLAINT FORM

Thank you for contacting the City of Pittsburgh, Mayor's Office of Equity (MOE). Please follow the instructions and complete the information below.

- Clearly print or type your answers to each question to the best of your ability. If you are unsure of an answer, please indicate that. If a question does not apply to you, please mark N/A or Not Applicable.
- You can submit the completed form in the following ways:
 - Email: PaidSickLeave@pittsburghpa.gov OR
 - Mail to: Office of Equity, Attn: Paid Sick Leave Division 5th Floor,
414 Grant St., Pittsburgh, PA 15219
- After receipt of your completed form, we will contact you within five (5) business days to discuss gathering any additional information that we will need or to notify you what action we will be taking.

YOUR CONTACT INFORMATION				
First name	M.I.	Last name		
Address:		City	State	ZIP Code
Primary Phone Number	Secondary Phone Number	Email Address		
<p>Correspondence regarding this examination will be sent to you at the email address provided. Correspondence also may be sent to your postal address. It is your responsibility to update the MOE with your most current contact information.</p>				

EMPLOYMENT INFORMATION			
Employer	Your Job Title/Function		
Address of Employer	City	State	ZIP Code
Number of employees (over the past 12 months) (Circle one): Fewer than 15 15 or more			
Name of Supervisor or Manager	Supervisor/Manager Phone Number	Supervisor/Manager Email Address	
Name of Human Resources Department Representative	HR Representative Phone Number	HR Representative Email Address	
On what date did you start working for the employer?			
_____ / _____ / _____ (MM/DD/YYYY)			
Are you still working for the employer (select one)?			
Yes		No	Not applicable
If you are <i>not</i> , please select the reason			
Resigned/Quit		Discharged/Fired	Laid Off
What was your last day of work?			
_____ / _____ / _____ (MM/DD/YYYY)			

Please answer the following questions to help us determine if you are covered by Pittsburgh's Paid Sick Days Act.		
1. Are you an independent contractor?(e.g., you receive a 1099)	Yes	No
2. Are you a seasonal worker? (hired for a period no more than 16 weeks in a calendar year)	Yes	No
3. Are you covered by a collective bargaining agreement? (e.g., union member)	Yes	No
4. Are you a student intern?	Yes	No
5. Are you a State or Federal employee?	Yes	No
6. Have you worked at least 35 hours/year within the geographic boundaries of the City of Pittsburgh?	Yes	No

COMPLAINT INFORMATION		
Do you think the employer has violated the Paid Sick Days Act?	Yes	No
If yes, on what date do you believe the employer first violated the law?	_____/_____/_____(MM/DD/YYYY)	
Please indicate which of the following ways the employer has violated the law and provide further information in the space below. Check all that apply		
<input type="checkbox"/>	Not allowing the use of sick time.	
<input type="checkbox"/>	Not allowing the accrual of 1 hour of sick time for every 35 hours worked in Pittsburgh.	
<input type="checkbox"/>	Requiring documentation for absences of less than 3 consecutive days.	
<input type="checkbox"/>	Not accepting "reasonable" documentation.	
<input type="checkbox"/>	Retaliating against a worker requesting sick leave, using sick leave or filing a complaint.	
<input type="checkbox"/>	Not allowing accrued sick leave to carry over from one year to the next.	
<input type="checkbox"/>	Requiring a worker to find a replacement worker.	
<input type="checkbox"/>	Not providing notice of rights under the law through individual handouts or posting information in a conspicuous space.	
<input type="checkbox"/>	Penalizing a worker for requesting or using sick leave.	
In your own words, please describe what happened. Use additional sheets, if necessary. <i>Please include all dates of alleged violations.</i>		
Have you tried to resolve your complaint with the employer? (Select one) Yes No		
What type of relief are you seeking? (Back pay, reinstatement, etc.)		
Please provide us with any additional information that would be helpful in resolving this issue.		

Please provide any relevant documents along with this form (i.e., pay stub, employment contract, collective bargaining agreement, employer's policy on sick leave, and copy of your request for sick leave). The MOE does not need health- related information to process your complaint.

Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.

Signature of Complainant

Date

Print Name

(if complainant is under 18)

Signature of Parent or Guardian

Print Name Parent or Guardian