CLEAR PRINT

LABOR COMMISSIONER, STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS - DIVISION OF LABOR STANDARDS ENFORCEMENT
BUREAU OF FIELD ENFORCEMENT

IS THIS REPORT RELATED TO COVID-19? NO ◯ YES ◯ **RELATED TO PAID SICK LEAVE (PSL/SPSL)?** NO ◯ YES ◯	**OFFICE USE ONLY** TAKEN BY: _____ DATE FILED: _____ INDUSTRY:_____

Please print legibly or type. *Fill out this form if you would like to report a widespread violation of workplace laws (e.g., wage and hour, child labor, workers' compensation, or recordkeeping laws) by an employer that affects all or a group of employees working for the employer. If you are claiming only unpaid wages on behalf of yourself and do not wish to report a widespread violation of the law by your employer that also affects other workers, then fill out the DLSE Form 1 (Initial Report or Claim) to file an individual wage claim, instead of this form.*

REPORT OF LABOR LAW VIOLATION

SECTION 1. REPORTING PARTY (INDIVIDUAL OR REPRESENTATIVE)

NAME OF REPORTING PARTY: _____ IF INTERPRETER IS NEEDED, INDICATE LANGUAGE:_____
ADDRESS: _____ CITY:_____ STATE:_____ ZIP:_____
HOME PHONE: (_____)_____ CELL/OTHER PHONE: (_____)_____ E-MAIL (if available): _____

If you are represented by a lawyer or other advocate, enter your ADVOCATE and ORGANIZATION information:
NAME: _____ ORGANIZATION NAME:_____
ADDRESS: _____ CITY:_____ STATE:_____ ZIP:_____
HOME PHONE: (_____)_____ CELL/OTHER PHONE: (_____)_____ E-MAIL (if available): _____

SECTION 2. EMPLOYER REPORTED

EMPLOYER BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE:_____ ZIP: _____
PHONE: (____)_____ TYPE OF BUSINESS: _____ TOTAL EMPLOYEES: _____

ENTITY TYPE: ◯ **CORPORATION** ◯ **INDIVIDUAL** ◯ **PARTNERSHIP** ◯ **LLC** ◯ **LLP** ◯ **OTHER (explain):** _____
OWNER'S NAME: _____ NAME AND JOB TITLE OF PERSON IN CHARGE: _____

	ADDRESS CITY, STATE, ZIP	EMPLOYER STILL OPERATING THERE?	BUSINESS HOURS	TOTAL EMPLOYEES
EMPLOYER'S MAIN WORK LOCATION		◯ YES ◯ NO ◯ UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		◯ YES ◯ NO ◯ UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		◯ YES ◯ NO ◯ UNKNOWN		

IS THE EMPLOYER COVERED BY WORKERS' COMPENSATION INSURANCE? ◯ **YES** ◯ **NO** ◯ **UNKNOWN**
IS THERE A UNION CONTRACT? ◯ **YES** ◯ **NO** DID YOUR JOB INVOLVE PUBLIC WORKS? ◯ **YES** ◯ **NO**
EMPLOYER'S VEHICLE LICENSE PLATE NUMBER: _____

SECTION 3. WORK HOURS AND WAGES

DO YOU OR DID YOU WORK FOR THE EMPLOYER? ◯ **YES** ◯ **NO** **IF "YES":**
DATE OF HIRE: _____ / _____ /_____ LAST DAY OF WORK (if applicable): _____/_____/_____ ◯ **QUIT** ◯ **FIRED** ◯ **STILL EMPLOYED**

DID THE EMPLOYER DESIGNATE WHAT TIME THE WORKDAY BEGAN FOR EMPLOYEES? ◯ **YES** ◯ **NO** ◯ **DON'T KNOW** **IF "YES":**
WHAT TIME DID THE EMPLOYER DESIGNATE? _____ ◯ **AM** ◯ **PM**

DID THE EMPLOYER DESIGNATE WHICH DAY OF THE WEEK THE WORKWEEK BEGAN? ◯ **YES** ◯ **NO** ◯ **DON'T KNOW** **IF "YES":**
WHAT DAY DID THE EMPLOYER DESIGNATE? ◯ **SUNDAY** ◯ **MONDAY** ◯ **TUESDAY** ◯ **WEDNESDAY** ◯ **THURSDAY** ◯ **FRIDAY** ◯ **SATURDAY**

WHAT IS THE **NORMAL OR STANDARD WORK SCHEDULE** FOR EMPLOYEES DURING THE WEEK? PROVIDE YOUR BEST ESTIMATE OF THE START AND END TIMES AND NUMBER OF HOURS WORKED FOR EACH WORK DAY. (If employees did not work standard schedules, skip to the next question.)

SUNDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____			
MONDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____			
TUESDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____	**TOTAL HOURS**		
WEDNESDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____	**WORKED PER**		
THURSDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____	**WEEK:**		
FRIDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____	_____		
SATURDAY	START TIME: _____	◯ **AM** ◯ **PM**	END TIME: _____	◯ **AM** ◯ **PM**	HOURS WORKED: _____			

SECTION 3. WORK HOURS AND WAGES (continued)

DO EMPLOYEES WORK DIFFERENT SCHEDULES OR IRREGULAR HOURS SO YOU CANNOT PROVIDE A STANDARD WORK SCHEDULE? ◯ **YES** ◯ **NO**

IF "YES," BRIEFLY DESCRIBE THE DIFFERENT SCHEDULES OR IRREGULAR WORK HOURS AS BEST AS YOU CAN: _____

_____

WHEN IS THE NORMAL OR STANDARD SCHEDULED MEAL PERIOD FOR EMPLOYEES?

START TIME: _____ ◯ **AM** ◯ **PM** END TIME: _____ ◯ **AM** ◯ **PM** THERE IS NO STANDARD SCHEDULED MEAL PERIOD

WHAT IS THE AVERAGE LENGTH OF TIME FOR AN EMPLOYEE'S MEAL PERIOD? _____ ◯ **MINUTES** ◯ **HOURS**

WHO SET THE WORK SCHEDULE? (FULL NAME AND JOB TITLE/POSITION): _____

WHAT DAY IS PAY DAY? ◯ DAILY

◯ WEEKLY ON _____ ◯ BI-WEEKLY ON (Once every two weeks) _____

◯ MONTHLY ON _____ ◯ SEMI-MONTHLY ON (Twice a month) _____

WHO PAYS EMPLOYEES? (FULL NAME AND JOB TITLE/POSITION): _____

ARE EMPLOYEES PAID BY THE HOUR? ◯ **YES** ◯ **NO** IF "YES," HOW MUCH? **$ _____ PER HOUR**

VARIES (EXPLAIN):_____

ARE EMPLOYEES PAID A FIXED AMOUNT OF WAGES (OR SALARY), REGARDLESS OF THE NUMBER OF HOURS WORKED? ◯ **YES** ◯ **NO**

IF "YES," HOW MUCH? **$ _____** ◯ **PER DAY** ◯ **PER WEEK** ◯ **EVERY 2 WEEKS** ◯ **SEMI-MONTHLY** ◯ **MONTHLY**

VARIES (EXPLAIN):_____

ARE EMPLOYEES PAID BY PIECE RATE? ◯ **YES** ◯ **NO** IF "YES," HOW MUCH? **$ _____ PER** (Describe Unit) _____

PIECE RATES VARY (EXPLAIN): _____

HOW ARE EMPLOYEES PAID? ◯ CHECK ◯ CASH

◯ BOTH CHECK & CASH ◯ OTHER METHOD (EXPLAIN): _____

◯ METHOD OF PAYMENT VARIES PER EMPLOYEE OR JOB POSITION (EXPLAIN): _____

_____

IF EMPLOYEES ARE PAID IN CASH, DOES THE EMPLOYER KEEP CASH PAYMENT RECORDS OR LOGS? ◯ **YES** ◯ **NO** ◯ **DON'T KNOW**

DOES THE EMPLOYER KEEP TIME RECORDS OF HOURS WORKED BY EMPLOYEES? ◯ **YES** ◯ **NO** ◯ **DON'T KNOW**

WHAT LANGUAGES ARE SPOKEN BY EMPLOYEES? ☐ ENGLISH ☐ SPANISH ☐ MIXTEC ☐ TRIQUE ☐ CANTONESE ☐ MANDARIN ☐ KOREAN ☐ VIETNAMESE ☐ TAGALOG ☐ CAMBODIAN ☐ HMONG ☐ THAI ☐ PUNJABI ☐ HINDI ☐ RUSSIAN ☐ OTHER: _____

SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER

The boxes below describe conduct by an employer that violates the law. Please put a check mark in the box(es) if the employer engages in, or any employee or employees have experienced, any of the following violations:

☐ **NO WORKERS' COMPENSATION INSURANCE**

☐ **CHILD LABOR VIOLATIONS:**

- ☐ No valid work permit(s)
- ☐ No valid entertainment work permit(s)
- ☐ Minor(s) work excessive or prohibited hours
- ☐ Minor(s) work in hazardous conditions

Estimated number of minors affected: _____

☐ **MINIMUM WAGE VIOLATIONS:**

- ☐ Paid below minimum wage
- ☐ Not paid at all for overtime hours worked
- ☐ Not paid for all hours worked, including unpaid travel time and try-out time
- ☐ Paycheck issued with insufficient funds
- ☐ Asked employee to pay back wages paid
- ☐ No split shift premium pay

Estimated number of employees affected: _____

☐ **OVERTIME VIOLATIONS:**

- ☐ Not paid daily overtime for hours worked over 8 hours per day (or 10 hours per day for farmworkers)
- ☐ Not paid weekly overtime for hours worked over 40 hours per week
- ☐ Not paid double time for hours worked over 12 hours per day
- ☐ Not paid overtime for working on the 7th consecutive workday in a workweek

Estimated number of employees affected: _____

SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER (continued)

☐ **OTHER UNPAID WAGES:**
- ☐ Wages are not paid at the contracted rate
- ☐ No reporting time premium pay
- ☐ No premium pay for missing meal or rest periods

Estimated number of employees affected: _____

☐ **PAY STUB VIOLATIONS:**
- ☐ Paid by check or cash without an itemized wage deduction statement
- ☐ Itemized wage deduction statement provided but not accurate and/or incomplete
- ☐ Itemized wage deduction statement not provided at least semi-monthly

Estimated number of employees affected: _____

☐ **MEAL PERIOD VIOLATIONS:**
- ☐ 30-minute off-duty meal period not provided by the end of the 5th hour of work
- ☐ Second 30-minute off-duty meal period not provided when working more than 10 hours
- ☐ Meal period provided but less than 30 minutes
- ☐ Warehouse Distribution Center: quota prevents compliance with meal period

Estimated number of employees affected: _____

☐ **REST BREAK VIOLATIONS:**
- ☐ For work days between 3.5 hours and up to 6 hours per day, not allowed to take a 10-minute rest break
- ☐ For work days of more than 6 hours and up to 10 hours per day, not allowed to take two 10-minute rest breaks
- ☐ For work days of more than 10 hours and up to 14 hours per day, not allowed to take three 10-minute rest breaks
- ☐ Warehouse Distribution Center: quota prevents compliance with rest breaks

Estimated number of employees affected: _____

☐ **PAY DATE VIOLATIONS:**
- ☐ No fixed pay date
- ☐ Late payment of wages

Estimated number of employees affected: _____

☐ **RECORD KEEPING VIOLATIONS:**
- ☐ Daily time records are not kept or inaccurate
- ☐ Payroll records are not kept or inaccurate
- ☐ No notice to new hires (under Labor Code Section 2810.5)

☐ **BUSINESS EXPENSE VIOLATIONS:**
- ☐ Uniforms not reimbursed or illegally charged to employees
- ☐ Tools, supplies or equipment not reimbursed or illegally charged to employees
- ☐ Illegal charges for cash shortages, breakage, or loss of equipment

Estimated number of employees affected: _____

☐ **FAILURE TO POST:**
- ☐ Applicable Industrial Welfare Commission Order not posted
- ☐ Minimum Wage Order 2001 not posted
- ☐ Pay day notice not posted
- ☐ Workers' compensation insurance notice not posted
- ☐ Rate of compensation not posted (for farmworkers only)
- ☐ Paid Sick Leave not posted

☐ **MISCLASSIFICATION:**
- ☐ Employees misclassified as independent contractors
- ☐ Salaried employees misclassified as exempt employees

Estimated number of employees affected: _____

☐ **LICENSING/REGISTRATION VIOLATIONS:**
- ☐ Unlicensed construction contractor
- ☐ Contracted with unlicensed construction contractor
- ☐ Unlicensed farm labor contractor
- ☐ Unregistered garment contractor or manufacturer
- ☐ Unregistered car wash
- ☐ Unregistered janitorial employer

☐ **FAILURE TO PROVIDE LACTATION ACCOMMODATIONS**

Estimated number of employees affected: _____

☐ **WAREHOUSE DISTRIBUTION CENTERS**
- ☐ Description of quota not provided
- ☐ Quota prevents compliance with meal period
- ☐ Quota prevents compliance with rest period
- ☐ Quota prevents use of bathroom facilities
- ☐ Quota prevents compliance with health and safety laws
- ☐ Other (briefly explain):

_____

☐ *Estimated number of employees affected:* _____

☐ **GARMENT MANUFACTURING**
- ☐ Piece rate pay

Estimated number of employees affected: _____

☐ **OTHER VIOLATIONS** (briefly explain)**:**

_____

☐ *Estimated number of employees affected:* _____

☐ **PAID SICK LEAVE VIOLATIONS**
- ☐ No paid sick leave
- ☐ No notice of available sick leave on itemized wage statement or separate writing

Estimated number of employees affected: _____

Please provide any other information about your complaint that you believe it is important for the Labor Commissioner to know:

Please provide the following information for any minors under the age of 18 who work for the employer:

FULL NAME (first and last name, and any "nick" names)	AGE	JOB POSITION/ TYPE OF WORK PERFORMED	NORMAL WORK SCHEDULE	HOW WAS THE MINOR PAID (by check, in cash, both cash and check, or other method)?

MAY YOUR NAME BE USED IN AN INVESTIGATION? ○ **YES** ○ **NO**

DO YOU WANT DLSE TO KEEP YOUR NAME AND CONTACT INFORMATION CONFIDENTIAL? * ○ **YES** ○ **NO**

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

PRINT NAME: _____

** DLSE will maintain confidentiality as appropriate in each case and to the extent provided for under the law. Information may need to be released in some cases.*