



**City of San Diego
Earned Sick Leave and Minimum Wage
Complaint Declaration Form**

FOR ENFORCEMENT OFFICE USE ONLY
BUS. CERT #: _____
DATE RECEIVED: _____
CASE #: _____

*indicates a required field

Contact Information

Name

Mailing Address

City

State

Zip

Best way to contact you Email Phone Both

Email

Phone

Work Information

Employer/Business Name (name of business as shown on your paycheck) *

Manager or Owner Name

Your Work Address(es) (this must be within the City of San Diego) *

Describe your complaint in detail *