

# LIVING WAGE GRIEVANCE FORM

**Form purpose:** To report possible violations of the City of Santa Barbara's Living Wage Ordinance.

*Please print clearly and return to: General Services Manager, City of Santa Barbara, P.O. Box 1990, Santa Barbara, CA 93102.*

## EMPLOYER INFORMATION

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

City Work Site: \_\_\_\_\_

## EMPLOYEE INFORMATION OPTIONAL

*(The City will endeavor to keep this information confidential)*

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Do you receive health benefits? \_\_\_\_\_ If yes, how much do you pay, if anything? \_\_\_\_\_

Job Title: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_ Best time? \_\_\_\_\_

## EMPLOYEE COMPLAINT

I believe that City of Santa Barbara's Living Wage Ordinance has been violated.

Describe the perceived violation (use reverse side if more space is needed, and attach supporting documentation).

---

---

---

---

---

*The above information is true and correct to best of my knowledge.*

\_\_\_\_\_  
*Employee Signature*

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

**\*A copy of your most recent pay check would assist us with this investigation\***