

COMPLAINT

alleging a violation of Executive Order No. 2014-1 regarding minimum wage (“Order”) pursuant to the Regulations of the Department of Procurement Services for Minimum Base Wages for Contracts and Concession Agreements, OR alleging a violation of section 2-92-610 of the Municipal Code of Chicago (“MCC”) regarding base wage

I HEREBY DECLARE AND AFFIRM that I, _____, was, at all relevant times, an Employee, as that term is defined in the Order, or an employee on a Contract as defined in MCC § 2-92-610A.1, of _____, and that I have personally reviewed the material and facts set forth herein.
(Name of complainant (hereinafter “Employee”))
(Name of employer (“Employer”))

- 1. Employee’s name: _____
- 2. Employee’s address: _____

- 3. Employee’s phone number: _____
- 4. Employee’s e-mail address (optional): _____
- 5. Employer’s name: _____
- 6. Employer’s address: _____
- 7. Employer’s phone number: _____
- 8. Supervisor’s name: _____
- 9. Employee’s title: _____

10. Location of the work performed by the Employee:

11. Description of the work performed by the Employee:

12. If known, the P.O., Specification number, and/or description of the Contract under which the Employee performed work:

Contract (PO) No. _____ Specification No. _____

Description _____

13. Start and end dates of employment with Employer: _____ to _____

14. Start and end dates of work on the Contract by the Employee: _____ to _____

15. Hourly wage paid to the Employee while working on the Contract: _____ per hour

16. Documentation of the hourly wage paid to the Employee while working on the Contract is attached (Yes/No): _____

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT AND ALL ATTACHMENTS THERETO ARE TRUE AND CORRECT.

(Signature)

(Name/Title of Employee – Print or Type)

(Date)

State of: _____

County of: _____

On this _____ day of _____, 20_____, the above signed individual, _____
_____, personally appeared and, known by me to be the person described in the foregoing
(Name of Employee)

Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

(Notary Public Signature)

SEAL:

Commission Expires: _____