Office Use ONLY
Date Received://
Case No:



Professional Standards/Human Rights Section

Broward County Governmental Center 115 South Andrews Avenue, Suite 427, Fort Lauderdale, FL 33301 Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

LIVING WAGE COMPLAINT FORM

Last Na	ame	: [First N	ame:								Mic	ddle In	itial:	
Home	Ph. #	#:					Worl	k Ph.#:							Ce	ell Ph	.#:					
Home	Add	ress:																Apt./l	Jnit	#: [
City:												Sta	ate:				Zi	р Сос	de:			
Email A	ddre	ess:																				
Compa	any N	Name	:								Depa	artme	nt/Div	vision	:							
Phone	e Nui	mber:						Add	res	s:	1											
City:												State:				Zip	Cod	le:				
I believe that the following has violated the Broward County Living Wage Ordinance: Company Name:																						
Superv	isor' ≀	s Nar	me an	d Job	Title:]				
Addres	ss:																	Rm	n./U	nit #:	<u> </u>	
City:												Stat	e:				Zi	рСос	de:			
Name of which t																						
Date of Employee's first day of work under the specified Broward County contract:																						
Provide a description of services which the Employee has been performing under the specified Broward County Contract:																						

In order to complete your complaint form, complete the following sections. If additional space is needed, please add an additional sheet.

Please return completed form to the Broward County Professional Standards/Human Rights Section