

Office Use ONLY  
Date Received: \_\_\_/\_\_\_/\_\_\_  
Case No: \_\_\_\_\_



**Professional Standards/Human Rights Section**

Broward County Governmental Center  
115 South Andrews Avenue, Suite 426, Fort Lauderdale, FL 33301  
Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

# LIVING WAGE COMPLAINT FORM

Last Name:  First Name:  Middle Initial:

Home Ph. #:  Work Ph. #:  Cell Ph. #:

Home Address:  Apt./Unit #:

City:  State:  Zip Code:

Email Address:

Company Name:  Department/Division:

Phone Number:  Address:

City:  State:  Zip Code:

I believe that the following has violated the Broward County Living Wage Ordinance:

Company Name:

Supervisor's Name and Job Title:

Address:  Rm./Unit #:

City:  State:  Zip Code:

Name of Broward County Contract on which the Employee has been working:

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 provide a detailed narrative of the Employee's complaint in the space provided below. Include all pertinent details:

Is there evidence that can be examined or documents which can be reviewed?       Yes       No

If yes, please describe the evidence and where it can be found if known.

Note: Attach copies of the Employee's payroll check stubs during the time of the complaint.

Are there witnesses to the improper activity?       Yes       No

If yes, please identify any witnesses by name and provide any contact information you may have in the space below.

Name	Address	Home/Cell Phone	Work Phone	If County employee, please provide division and position

By signing this document, I declare that I have completed this form in good faith and my answers and statements contained herewith are true and correct based on my current knowledge.

Printed Name

\_\_\_\_\_  
Sign and Date

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