

# CITY OF ALAMEDA

## COMMUNITY DEVELOPMENT DEPT. – HAZARD PAY ENFORCEMENT

### HAZARD PAY: EMPLOYEE COMPLAINT & QUESTIONNAIRE



Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Complainant Phone Number: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Complainant Email: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_  
Complainant Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

The City of Alameda has adopted Ordinance 3298 that establishes Hazard Pay for employees of Large Grocery Stores. Employees shall receive no less than an additional \$5.00 per hour for all hours worked on top of the Covered Employee's Base Wage or Holiday Premium, effective May 6, 2021. This also protects workers from retaliation for enforcing their rights under Ordinance 3298. Please fill out this complaint form and the Community Development Department will follow up to discuss your complaint and potential monetary restitution if your employer has violated this ordinance.

I believe this Employer has potentially violated the following:

- Hazard Pay not paid
- Hazard Pay notices not posted
- Retaliation for asserting employee right's under the ordinance
- Increase charges on benefits or reduction of non-wage benefits (meals, parking, etc.)
- Tips used to compensate for hazard pay
- Other (specify): \_\_\_\_\_

Do you wish to keep this complaint anonymous (keep your name confidential from the Employer)?

- YES, I want to keep this complaint confidential.
- NO, it is OK for the employer to know I submitted this complaint.

Do you believe the Employer's violation of the ordinance affects other employees/coworkers?

- YES
- NO
- Unsure

Are you filling this complaint on behalf of someone else?

- YES
- NO

1. Briefly describe why you are submitting this complaint (for example, "I am not paid hazard pay", "My employer is now charging me for parking", "I believe this Employer doesn't pay hazard pay.")

2. Are you currently work for this employer? YES \_\_\_ or NO \_\_\_  
If NO, when was your last day of work? \_\_\_\_\_ and why are you no longer working for this employer? \_\_\_\_\_

3. What is your job title/position ? (Eg: cashier, bagger, stocker, etc) \_\_\_\_\_

4. Who sets your schedule and supervises your work? \_\_\_\_\_

5. Do you have records of your hours worked?

- YES
- NO

6. Are you required to record your start and end time?

- YES
- NO

If YES, do you punch in/out on a time clock or do you use a hand-written time sheet?

\_\_\_\_\_  
If NO, how do you track your hours?

8. List your regular work schedule below.

If you punch in and out multiple times during the day, list that in the space provided.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							

9. If you do not have a regular work schedule each week, on average how many hours do you work per week? How many days do you work per month? \_\_\_\_\_

10. What is your current hourly pay rate? \_\_\_\_\_

11. Has your pay rate changed since March 17, 2020? YES \_\_\_ or NO \_\_\_

If YES, list the start and end dates during which you received each pay rate change.

**Start Date**

**End Date**

<b>Start Date</b>	<b>End Date</b>

12. Have you been paid for all hours worked?

- YES
- NO

If NO, explain:

14. How are you paid?

- Cash
- Check
- Other: \_\_\_\_\_

15. Do you have any pay stubs or receipts?

- YES
- NO

16. When is your regular payday? \_\_\_\_\_

17. What benefits do you receive?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Free Parking       | <input type="checkbox"/> Other Insurance |
| <input type="checkbox"/> Paid-Time Off     | <input type="checkbox"/> Free Meals         | <input type="checkbox"/> Other Specify:  |
| <input type="checkbox"/> Holiday Pay       | <input type="checkbox"/> Employee Discounts |  |

18. Have you ever complained or asked your employer questions about your pay, benefits or rights?

- YES
- NO

If YES, please provide the date of your inquiry/complaint, the name and title of who you talked to, and their response:

19. Has your employer ever retaliated against you for raising issues about your pay or benefits?

- YES
- NO

If YES, please describe what happened:

20. How many employees work for your employer? \_\_\_\_\_

21. Are there any other witnesses or any other evidence that would help your case? (For example, names of regular customers, or delivery drivers, coworkers, etc.)

22. Do you have anything else to add?

Supporting Documents: Please attach documents to this complaint

Check all records you have available and can provide to the City

- Payroll check stubs
- Records of hours worked
- Employee Offer Letters/Contract
- Written Wage Agreement
- Employee handbook
- Bank deposit statements
- Copies of complaints to other labor enforcement entities
- Other: (please describe)\_\_\_\_\_

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewee signature: \_\_\_\_\_