



CITY OF OAKLAND
 CITY ADMINISTRATOR'S OFFICE
 CONTRACTS & COMPLIANCE DIVISION

MEASURE Z COMPLAINT FORM

HOTEL WORKERS MINIMUM WAGE and HUMANE WORKLOAD

INTAKE INFORMATION – CLAIMANT / EMPLOYEE

Name: _____ Date: _____ Phone Number: _____

Address: _____ Email: _____

Employer Name & Address: _____ Employer/Hotel Phone Number: _____

COMPLAINT(S) (Please use extra space if needed.)

1. Briefly describe why you are submitting this complaint (for example, "I'm not being paid the required hotel minimum compensation," "I'm working more than the maximum square footage without receiving premium pay" or "I worked more than ten hours in a day without my consent")

2. What is your position/job title? _____

3. Please describe your work duties _____

4. What was the first date (start date) of your employment with this employer? Start Date: _____

5. Are you still employed by this employer? Yes ___ or No ___. If No, when was your last day of work? _____

If No, why are you no longer working for this employer? _____

6. Who sets your schedule? Name _____ Title _____

7. Who supervises your work? Name _____ Title _____

8. Do you have records of the hours you worked? Yes ___ or No ___

9. Are you required to record your start and end time? Yes ___ or No ___

If Yes, do you punch in and out on a time clock, or do you use a hand-written time sheet/time card? Yes ___ or No ___.

If No, explain how your hours are tracked _____

10. List your regular work schedule below. If you punch in and out multiple times during the day, list that in the space provided.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							

11. If you do not have a regular work schedule each week, how many hours per week do you work, on average? _____

12. What is your current rate of pay per hour? _____

13. Has your rate of pay changed over time? Yes__ or No__. If Yes, list the start and end dates during which you received each pay rate.

Start Date	End Date

14. Have you been paid for all hours worked? Yes__ or No__ If No, please explain. _____

15. Have you worked more than 10 hours in one workday without your written consent? Yes__ or No__

If Yes, when? _____

16. Are you paid by direct deposit__, check __, in cash__, or both__?

17. Do you have any pay stubs or receipts? Yes__ or No__

18. When is your regular payday? _____

19. If you are a room cleaner, does your employer require you to do other non-room cleaning duties? Yes__ or No__

If Yes, what duties and how often do you perform them? _____

20. How does your employer record the square footage that you clean? _____

21. Do you have records of the square footage that you clean? Yes__ or No__

22. Do you have records of which rooms/areas you clean each day and whether they are check out or additional-bed rooms? Yes___ or No___

23. Have you ever been required to clean more than 4000 square feet in an eight-hour workday? Yes___ or No___

If Yes, what days and how much square footage did you clean?_____

24. Has your employer ever required you to clean more than 6 Checkout or Additional-bed rooms in an 8-hour workday? Yes___ or No___

25. Are you ever assigned to work in a guest room or bathroom without other employees present? Yes___ or No___

26. Have you been provided a panic button? Yes___ or No___

27. Have you received instructions on using panic buttons? Yes___ or No___

28. If your employer provides insurance, please select the types of insurance below:

Medical Yes___ or No___ Dental Yes___ or No___ Optical Yes___ or No___ Mental Yes___ or No___

Death Yes___ or No___ Disability Yes___ or No___ Medical Expense Account Yes___ or No___

(a) What insurance company? _____

(b) Do you have to pay any part of the premium? Yes ___ No___

(c) What date did your coverage begin? _____

29. Do you receive **paid** time off (e.g. vacation, holidays)? Yes___ or No___ . If Yes, how many days per year? _____

30. Are you accruing Paid Sick Leave? Yes___ or No___ If not, why? _____

31. Are you paid for Paid Sick Leave taken? Yes___ or No___ If No, why? _____

32. Can you take **unpaid** time off? Yes ___ or No___ . If Yes, how many days per year? _____

33. Are you a member of a union? Yes___ or No___ . If Yes,

a. What is the name of your union local? _____

b. Please provide a copy of your collective bargaining agreement (union contract)

c. Please give the name and contact information of your business agent / union rep_____

34. Have you ever complained or asked your employer questions about your pay or workload? Yes___ or No___ . If Yes, please provide the date of your inquiry/complaint, the name and title of the person you spoke with, and their response:

35. Has your employer ever retaliated against you for raising issues about your pay or workload? Yes___ or No___ . If Yes, please describe what happened:

36. Do you wish to keep this complaint anonymous (i.e. keep your name confidential from your employer)?

Yes, I want to keep this complaint confidential.

No, it is OK for my employer to know I submitted this complaint.

37. How many employees work for your employer? _____

38. What are the names of some of your co-workers or witnesses who may wish to corroborate this claim? *Please provide contact information.*

Name	Contact

39. Are there any other witnesses or any other evidence that would help you substantiate your case? *(For example, names of regular customers or delivery drivers, names of hotel guests, group photographs, text messages, etc.)*

40. Do you have anything else to add?

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

Employee Signature: _____ Date: _____

Interviewed by: _____ Date: _____

Organization: _____

FOR OFFICE USE ONLY - NOTES:

Assigned Officer: _____ Date: _____