



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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.*

<i>Name</i>	<i>Contact</i>

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.)*

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40. Do you have anything else to add?

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***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: \_\_\_\_\_