

County of Ventura  
County Executive Office  
800 South Victoria Avenue  
Ventura, CA 93009-1940  
Phone (805) 654-5027, Fax (805) 654-5106

**LIVING WAGE ORDINANCE**

**EMPLOYEE COMPLAINT FORM**

*Please clearly print and return the completed form to the above address.*

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Department Awarding Contract (if known): \_\_\_\_\_

**EMPLOYEE DATA**

**(The information written on this form is confidential.)**

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Hourly Rate Paid: \$ \_\_\_\_\_ Overtime Rate Paid: \$ \_\_\_\_\_

How long have you worked for this company: \_\_\_\_\_

Did you receive health benefits: \_\_\_\_\_ If yes, how much do you pay for your benefits: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Are you a member of a Union? Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Complaint (Use reverse side if more space is needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above information is true and correct to the best of my knowledge.*

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

***A copy of your most recent paycheck would assist us with the investigation.***

FOR CEO USE ONLY	
Approved:	Date Received:
Agency/Department:	Contract Number: