

Pay Transparency Complaint

DIR DLSE 001 (Rev. 04/2024)

PLEASE PRINT OR TYPE ALL INFORMATION <i>Refer to the accompanying Instructions to assist you in filling out this form.</i>	FOR OFFICE USE ONLY		
	Taken by:	Office:	Intake Employee Name:
	Date filed:	Violation:	Case #:
	Action:	NAICS / SIC #:	

The following questions seek information that may assist in the investigation of the complaint. Missing or incomplete information in the REQUIRED sections will cause the complaint to be returned for incomplete information.

Your complaint is confidential. You will be contacted only if there is a need for additional information, or if there is a need to reveal your identity in order to continue the investigation. No status updates on the investigation will be provided.

Part 1 REQUIRED: PRELIMINARY QUESTIONS

1. What type of Pay Transparency Violation are you reporting?
<p>I am reporting a job posting without a pay scale or salary or hourly wage range that may violate Labor Code section 432.3(c)(3) or 432.3(c)(5)</p> <p>I first learned of the job posting on _____ (MM/DD/YYYY)</p> <p>The job was posted on (Mark all that apply):</p> <p>Employer's website</p> <p>Job posting emailed by employer or third party</p> <p>Website that advertises job postings for multiple employers</p> <p>Other job posting method:</p> <p>I am reporting an employer that sought salary history information about an applicant for employment and/or relied on the salary history information of an applicant for employment as a factor in determining whether to offer employment or what salary to offer the applicant.</p> <p>I am reporting an employer that failed to provide the pay scale for a position upon request to an applicant applying for employment, or to an employee for the position in which the employee is currently employed.</p>
2. Provide a detailed account of the violation:
If you do not wish to report a Pay Transparency Violation: STOP HERE, DO NOT FILL OUT THIS FORM.

Part 2 REQUIRED: EMPLOYER INFORMATION

3. EMPLOYER / BUSINESS NAME(S)	4. WEBSITE ADDRESS	5. EMPLOYER'S PHONE	
6. ADDRESS of EMPLOYER / BUSINESS	CITY	STATE	ZIP CODE
7. Does the employer have 15 or more employees?	8. TYPE OF BUSINESS		
YES NO I DON'T KNOW			

Part 3 REQUIRED: JOB INFORMATION

9. JOB TITLE/POSITION LISTED ON JOB POSTING	10. NAME OF CONTACT PERSON
11. CONTACT PERSON'S PHONE	12. EMAIL ADDRESS OF CONTACT PERSON

PRINT EMPLOYER'S NAME:

Part 4 REQUIRED: YOUR INFORMATION

13. Your FIRST NAME		14. Your LAST NAME		
15. Your HOME PHONE	16. Your OTHER PHONE	17. Your BIRTH DATE (MM/DD/YYYY)		
18. Your MAILING ADDRESS		CITY	STATE	ZIP CODE
19. Your EMAIL ADDRESS				
20. Have you filed, or are you filing, other claims against this employer with the Labor Commissioner?				
YES, on: (MM/DD/YYYY); Case Number: ; in District Office: NO If you have unpaid wages, need to file a retaliation or Equal Pay Act complaint, or would like to report a labor law violation, please visit our website: WWW.DIR.CA.GOV/DLSE .				
21. Have you ever worked for the employer listed in Part 2?				
NO YES, I am a current employee YES, I am a former employee Date of Hire: (MM/DD/YYYY); Date Employment Ended: (MM/DD/YYYY) Job Title at time of the pay transparency violation:				
22. At the time of the violation alleged in Part 1, were you an applicant for employment with the employer listed in Part 2?				
NO YES, I applied for the following position with the company: on or about (MM/DD/YYYY) How did you apply for the position: YES, I was seeking employment with the employer. I did not apply for a position with the company because:				

Part 5: LANGUAGE ASSISTANCE & REPRESENTATION

23. Do you need an interpreter?	24. If you checked "YES" to Box 23, enter language needed:		
YES NO			
25. If you are being helped with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION:			
26. ADVOCATE'S EMAIL		27. ADVOCATE'S PHONE	
28. ADVOCATE'S MAILING ADDRESS	CITY	STATE	ZIP CODE

PRINT EMPLOYER'S NAME: _____

Part 6: OTHER WITNESSES

29. Please list any witnesses who can support your claim.

Name: _____ Title: _____
Address: _____
Witness Phone Number: _____ Witness Email Address: _____
Describe what they witnessed or have personal knowledge of relevant to your complaint:

Name: _____ Title: _____
Address: _____
Witness Phone Number: _____ Witness Email Address: _____
Describe what they witnessed or have personal knowledge of relevant to your complaint:

Part 7 REQUIRED: JOB POSTING ATTACHMENT

30. If you are reporting a job posting without a pay scale or salary or hourly wage range, please select the box that identifies the method in which you are submitting proof of the violation.

I am including a paper copy of the posting with this Pay Transparency Complaint and mailing the complaint to the Labor Commissioner's District Office.

I am including a paper copy of the posting with this Pay Transparency Complaint and filing it in person with the Labor Commissioner's District Office.

I am including a .pdf copy of the posting with this Pay Transparency Complaint and emailing it to paytransparency@dir.ca.gov

The posting attachment does not apply. My complaint does not regard a job posting without a pay scale or salary or hourly wage range.

I hereby certify under penalty of perjury that the information I have provided is true to the best of my knowledge and/or recollection.

Signature: _____

Date: _____

(MM/DD/YYYY)

Print Name: _____

I understand that by submitting this complaint electronically, I agree to accept electronic communications at my email address from the Labor Commissioner's Office. I understand this means that important documents, including some notices, will go to my email address. I also agree to update the Labor Commissioner's Office if my email address changes.

I prefer to receive all communications by mail instead of electronic communications. I understand this means that the Labor Commissioner's Office will send all documents regarding this case to my mailing address. I also agree to update the Labor Commissioner's Office if my mailing address changes.