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CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION
2350 W. Ogden Avenue, Second Floor
Chicago, IL 60608

Tel. 312.743.5185
Fax. 312.743.1841
www.cityofchicago.org/bacp

OFFICE USE
Date Received: _____
Processed By: _____
CSR#: _____

MINIMUM WAGE AND
PAID SICK LEAVE COMPLAINT AFFIDAVIT

INSTRUCTIONS

Please complete ALL information requested below. Not doing so may result in a delay or rejection of your complaint. After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.

A BACP investigator will contact you to discuss your complaint.

EMPLOYEE INFORMATION

Name: _____ Are you 18 years or older? Yes No

Address: _____
City State Zip Code

Phone Number: _____ E-Mail: _____

What language(s) do you speak? _____

WHO IS YOUR EMPLOYER?

Business Name: _____ Business Phone Number: _____

Business Address: _____
City State Zip Code

Your Business Address: _____
City State Zip Code

Manager/Supervisor Name(s): _____

PLEASE CONTINUE TO NEXT PAGE
(NEXT PAGE MUST BE COMPLETED AND SIGNED)

TELL US ABOUT YOUR WORK

What is your complaint about? Minimum Wage Paid Sick Leave Both

What is the reason for your complaint? _____

How many people work for your employer? 1-3 (including you) 4 or more (including you)

What is your job? _____ Hours you work per week: _____

Date you were hired: _____ If you've since left, date you left: _____

Member of a union while employed: Yes No Is the business still open: Yes No

Is there a poster explaining minimum wage and paid sick leave at your workplace? Yes No

Does your employer provide paid sick leave: Yes No

Have you tried to resolve your complaint with your employer? Yes No

What type of relief are you seeking from your employer?
(e.g. letter of apology, wages owed, paid time off, etc.)

READ THE FOLLOWING BEFORE SIGNING:



The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

Signature

Date

Mail to: Department of Business Affairs and Consumer Protection (BACP)
Attn: Minimum Wage Intake
2350 W. Ogden Avenue, Second Floor
Chicago, IL 60608

or

E-mail to: BACPconsumer-fraud@cityofchicago.org

or

Fax to: 312.743.1841

Note: If you are faxing this form, please include a fax cover sheet

