

INSTRUCTIONS AND GUIDE FOR FILING A “PAY TRANSPARENCY COMPLAINT” (DLSE 001)

If you claim to be aggrieved by a violation of Labor Code section 432.3, you may file a completed “Pay Transparency Complaint” (DLSE 001) form with the Labor Commissioner within one year of the date you learned of the violation. The complaint shall state the name and address of the employer and provide a detailed account of the alleged violation, as requested by the Labor Commissioner. Please read the following instructions to ensure you complete the complaint form correctly. Please respond fully to all questions. Missing or incomplete information in the REQUIRED sections may cause the complaint to be returned for incomplete information.

EXAMPLES OF VIOLATIONS COVERED BY THIS FORM

- Job postings by employers with 15 or more employees that are missing pay scales or salary or hourly wage ranges.
- Employers with 15 or more employees that are engaging third parties to announce, post, publish, or otherwise make known job postings, and failing to provide the third parties the pay scales.
- Employers seeking salary history information, including compensation and benefits, about applicants for employment.
- Employers relying on the salary history information of applicants for employment as a factor in determining whether to offer them employment or what salary to offer.
- Employers failing to provide the pay scales for positions to applicants for employment upon reasonable request.
- Employers failing to provide employees with the pay scales for the positions in which the employees are currently employed upon request.

DEFINITIONS

For purposes of this “Pay Transparency Complaint” (DLSE 001) Form, the following definitions apply:

- (1) “Pay scale” means the salary or hourly wage range that the employer reasonably expects to pay for the position.
- (2) “Applicant” means an individual who is seeking employment with the employer and is not currently employed with that employer in any capacity or position.

GUIDE TO COMPLETING “PAY TRANSPARENCY COMPLAINT” (DIR DLSE 001) FORM

Part 1. REQUIRED: PRELIMINARY QUESTIONS

1. **What type of Pay Transparency Violation are you reporting?** Please select the appropriate box(es).
 - **Job Posting Violation.** Please check the first box if you are reporting a job posting without a pay scale or salary or hourly wage range. You must also indicate the date you first learned of the job posting and check the applicable box indicating where the job was posted.
 - **Salary History Information Violation.** Please check the second box if you were an applicant for employment and an employer sought your salary history information, including compensation and benefits, or an employer relied on your salary history information as a factor in determining whether to offer you employment or what salary to offer you.
 - **Requested Pay Scale Violation.** Please check the third box if you were an employee or applicant for employment and the employer failed to provide a pay scale upon request.
2. **Provide a detailed account of the violation.** Describe what happened in detail. Please include all relevant dates, people involved, website URLs, and any other information you believe will be necessary for the Labor Commissioner’s Office to investigate the complaint.

PART 2 REQUIRED: EMPLOYER INFORMATION

3. **Employer/Business Name(s).** Enter the complete name of the employer against whom you are filing the complaint, to the best of your knowledge. If the employer has more than one business name (including a “doing business as” or DBA name), list every name you know. If the employer does business in the garment or car wash industries and is operating under a different business name than previously, list the current name and every previous one you know.
4. **Website Address.** Enter the employer’s website address (URL) if known.
5. **Employer’s Phone.** Enter the employer’s telephone number, with the area code, if known.
6. **Address of Employer/Business.** Enter the employer’s address, including street name and number; floor, suite, and/or room number (if any); and city, state, and Zip code, if known.
7. **Does the employer have 15 or more employees?** Select “YES” if the employer has 15 or more employees, “NO” if they do not have more than 15 employees, and “I DON’T KNOW” if you are not sure whether the employer has 15 or more employees.
8. **Type of Business.** Enter the employer’s business or industry (e.g., garment, car wash, etc.), if known.

PART 3 REQUIRED: JOB INFORMATION

9. **Job Title/Position Listed on Job Posting.**
 - If you are reporting a **Job Posting Violation**, then enter the job title for the job posting without a pay scale or salary or hourly wage range.
 - If you are reporting a **Salary History Information Violation**, then enter the job title for the position you applied for with the employer.
 - If you are reporting a **Requested Pay Scale Violation**, then enter the job title of the position for which you requested a pay scale.
10. **Name of Contact Person for Job Posting.**
 - If you are reporting a **Job Posting Violation**, then enter the name of the person listed in the job posting or the contact person assigned to the job posting, if known. This could be the hiring manager, supervisor, owner, human resources employee, recruiter, or third-party company.
 - If you are reporting a **Salary History Information Violation**, then enter the name of the person(s) who sought your salary history information, including compensation and benefits, or relied on your salary history information as a factor in determining whether to offer you employment or what salary to offer you.
 - If you are reporting a **Requested Pay Scale Violation**, then enter the name of the person to which you made the request for a pay scale.
11. **Contact Person's Phone Number.** Enter the telephone number, with area code, of the employer's contact person identified in question 11 if known.
12. **Email Address of Contact Person.** Enter the email address of the employer's contact person identified in question 11 if known.

PART 4 REQUIRED: YOUR INFORMATION

13. **Your First Name.** Enter your first name.
14. **Your Last Name.** Enter your last name.
15. **Your Home Phone.** Enter your home telephone number, with area code.
16. **Your Other Phone.** Enter another telephone number, with area code, at which you can be reached (e.g., your cell phone number).
17. **Your Birth Date.** Enter your birth date, including the month, day, and year.
18. **Your Mailing Address.** Enter your mailing address, including street name and number; floor, suite, and/or apartment number (if any); and city, state, and Zip Code. The Labor Commissioner's Office will use this address to mail correspondence to you regarding this complaint. You must notify the Labor Commissioner's Office immediately if your mailing address changes.
19. **Your Email Address.** Enter your email address, if any.
20. **Have you filed, or are you filing, other claims against this employer with the Labor Commissioner?** If so, then select "YES" and enter the filing date, case number, and the District Office(s) where you filed, if known. If not, then select "NO."
 - If you have unpaid wages, you need to file a retaliation or Equal Pay Act complaint, or you would like to report a labor law violation, please visit <https://www.dir.ca.gov/dlse/> for more information.
 - If you believe you have been terminated or suffered other discrimination, retaliation, or adverse actions affecting the terms and conditions of your employment (e.g., refused employment, not selected for a training program leading to employment, demoted, etc.) for exercising your rights under Labor Code section 432.3 or any other law under the Labor Commissioner's jurisdiction, you may file a retaliation complaint with the Labor Commissioner's Office within one year after the occurrence of the violation. Please visit <https://www.dir.ca.gov/dlse/HowToFileRetaliationComplaint.htm>.
21. **Have you ever worked for the employer listed in Part 2?**
 - If you are not a current employee and have never worked for the employer listed in Part 2, then select "NO."
 - If you are a current employee of the employer listed in Part 2, then select the second box, and enter your date of hire and job title for the position you held with the company at the time of the violation you are reporting.
 - If you are no longer employed with the employer listed in Part 2, then select the third box, and enter your date of hire, date employment ended and job title at time of the violation you are reporting.
22. **At the time of the violation alleged in Part 1, were you an applicant of the employer listed in Part 2?**
 - If, at the time of the violation, you were not an applicant of the employer listed in Part 2, then select "NO."
 - If, at the time of the violation, you were an applicant of the employer listed in Part 2 and you applied for a position with the company, then select the second box and enter the position you applied for, the date you applied, and the method of application (for example: emailed a resume, applied through company website, applied through third party website, turned in a physical application in person).
 - If, at the time of the violation, you were seeking employment with the employer listed in Part 2, but you did not apply for a position with the company, then select the third box and provide a brief description of the reason for your decision to not apply with the company.

PART 5: LANGUAGE ASSISTANCE & REPRESENTATION

23. **Do you need an interpreter?** Check "YES" if your primary language is not English and you want an interpreter to assist you.
24. **If you checked "YES" to Box 23, enter language needed.** If you checked "YES" to Box 23 indicating you need an interpreter, enter the language needed.
25. **Advocate's Name and Organization.** If you are being assisted with this complaint by a lawyer or other advocate, enter the name and organization of the person assisting you.
26. **Advocate's Email.** If you are being assisted with this complaint by a lawyer or other advocate, enter the email address of the person assisting you.
27. **Advocate's Phone.** If you are being assisted with this complaint by a lawyer or other advocate, enter the telephone number at which the person assisting you can be contacted.
28. **Advocate's Mailing Address.** If you are being assisted with this complaint by a lawyer or other advocate, enter the mailing address of the person assisting you, including the street name, number; floor, suite, room number, city, state, and Zip code.

PART 6: OTHER WITNESSES

29. If anyone witnessed or has personal knowledge of information relevant to your complaint, enter their name, title, address, telephone number, and email address. Briefly describe what they witnessed or personally know about the alleged violation. The Labor Commissioner's Office will maintain confidentiality as appropriate in each case to the extent provided for under law.

PART 7 REQUIRED: JOB POSTING ATTACHMENT

30. If you are reporting a job posting without a pay scale or salary or hourly wage range, then you must include a copy of the job posting with your completed "Pay Transparency Complaint" (DLSE 001) form. Please select the box that identifies the method in which you are submitting proof of the violation and submit the document through the method indicated.

ATTESTATION AND SIGNATURE

- To complete the "Pay Transparency Complaint" (DLSE 001) form you must sign, date and print your name in the appropriate fields at the bottom of the form.
- If you are submitting the "Pay Transparency Complaint" (DLSE 001) form electronically and you wish to opt out of electronic communications with the Labor Commissioner's Office regarding this complaint, then you must check the box at the bottom of the "Pay Transparency Complaint" (DLSE 001) form.

WHAT TO EXPECT AFTER YOU FILE YOUR COMPLAINT

The Labor Commissioner's Office will investigate complaints alleging violations of Labor Code section 432.3 that include the name and address of the employer, provide a detailed account of the alleged violation, and include all other information requested by the Labor Commissioner's Office. You, the complainant, are considered a "witness," not a "claimant," as contrasted with a person filing an individual wage claim with the Wage Claim Adjudication Unit. Please keep in mind that even in cases where the Labor Commissioner's Office starts an investigation, we will not be able to provide details on the course of the investigation as it is considered confidential until an order is issued. The complainant is normally contacted only if there is a need for additional information. No updates on the investigation will be provided. As a witness, we may contact you for additional information or clarification, or to testify if the complaint results in an enforcement action.

Upon finding that an employer has violated Labor Code section 432.3, the Labor Commissioner may order the employer to pay a civil penalty. All civil penalties collected pursuant to this section are payable to the state not the person filing the complaint. A person who claims to be aggrieved may also bring an action in court for injunctive relief and any other relief that the court deems appropriate.

COMPLAINTS NOT HANDLED BY THE LABOR COMMISSIONER

Workers' Compensation Claims and Related Retaliation: Claims for workers' compensation benefits and complaints about retaliation for filing or making known one's intention to file a workers' compensation claim should be filed with the Workers' Compensation Appeals Board. Call 1-800-736-7401 for more information.

Discrimination, Harassment, and Retaliation Based on Race, Religious Creed, Color, National Origin, Ancestry, Physical Disability, Mental Disability, Medical Condition, Genetic Information, Marital Status, Sex, Gender, Gender Identity, Gender Expression, Age, Sexual Orientation, Reproductive Health Decision making, or Military and Veteran Status: These cases are handled by the Civil Rights Department and/or the Equal Employment Opportunity Commission. Please see <https://calcivilrights.ca.gov/> or call 1-800- 884-1684 for the Civil Rights Department. Please see <https://www.eeoc.gov/> or call 1-800-669-4000 for the Equal Employment Opportunity Commission.

Retaliation because of union related activities or employees acting together for their mutual aid and benefit. For more information, contact the National Labor Relations Board at (866) 667-6572, or visit their website at <https://www.nlrb.gov>