

**IS THIS REPORT RELATED TO COVID-19?** NO  YES   
**RELATED TO PAID SICK LEAVE (PSL/SPSL)?** NO  YES

**OFFICE USE ONLY**  
 TAKEN BY: \_\_\_\_\_ DATE FILED: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

*Please print legibly or type. Fill out this form if you would like to report a widespread violation of workplace laws (e.g., wage and hour, child labor, workers' compensation, or recordkeeping laws) by an employer that affects all or a group of employees working for the employer. If you are claiming only unpaid wages on behalf of yourself and do not wish to report a widespread violation of the law by your employer that also affects other workers, then fill out the DLSE Form 1 (Initial Report or Claim) to file an individual wage claim, instead of this form.*

**REPORT OF LABOR LAW VIOLATION**

**SECTION 1. REPORTING PARTY (INDIVIDUAL OR REPRESENTATIVE)**

NAME OF REPORTING PARTY: \_\_\_\_\_ IF INTERPRETER IS NEEDED, INDICATE LANGUAGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL/OTHER PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL (if available): \_\_\_\_\_

If you are represented by a lawyer or other advocate, enter your ADVOCATE and ORGANIZATION information:

NAME: \_\_\_\_\_ ORGANIZATION NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL/OTHER PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL (if available): \_\_\_\_\_

**SECTION 2. EMPLOYER REPORTED**

EMPLOYER BUSINESS NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_ TOTAL EMPLOYEES: \_\_\_\_\_

ENTITY TYPE:  CORPORATION  INDIVIDUAL  PARTNERSHIP  LLC  LLP  OTHER (explain): \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ NAME AND JOB TITLE OF PERSON IN CHARGE: \_\_\_\_\_

	ADDRESS CITY, STATE, ZIP	EMPLOYER STILL OPERATING THERE?	BUSINESS HOURS	TOTAL EMPLOYEES
EMPLOYER'S MAIN WORK LOCATION		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		
OTHER WORK LOCATION (if any, whether or not you worked there)		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN		

IS THE EMPLOYER COVERED BY WORKERS' COMPENSATION INSURANCE?  YES  NO  UNKNOWN

IS THERE A UNION CONTRACT?  YES  NO DID YOUR JOB INVOLVE PUBLIC WORKS?  YES  NO

EMPLOYER'S VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

**SECTION 3. WORK HOURS AND WAGES**

DO YOU OR DID YOU WORK FOR THE EMPLOYER?  YES  NO IF "YES":

DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LAST DAY OF WORK (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_  QUIT  FIRED  STILL EMPLOYED

DID THE EMPLOYER DESIGNATE WHAT TIME THE WORKDAY BEGAN FOR EMPLOYEES?  YES  NO  DON'T KNOW IF "YES":

WHAT TIME DID THE EMPLOYER DESIGNATE? \_\_\_\_\_  AM  PM

DID THE EMPLOYER DESIGNATE WHICH DAY OF THE WEEK THE WORKWEEK BEGAN?  YES  NO  DON'T KNOW IF "YES":

WHAT DAY DID THE EMPLOYER DESIGNATE?  SUNDAY  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY

WHAT IS THE **NORMAL OR STANDARD WORK SCHEDULE** FOR EMPLOYEES DURING THE WEEK? PROVIDE YOUR BEST ESTIMATE OF THE START AND END TIMES AND NUMBER OF HOURS WORKED FOR EACH WORK DAY. (If employees did not work standard schedules, skip to the next question.)

	START TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	END TIME: _____ <input type="radio"/> AM <input type="radio"/> PM	HOURS WORKED: _____	
<b>SUNDAY</b>				
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				<b>TOTAL HOURS</b>
<b>THURSDAY</b>				<b>WORKED PER</b>
<b>FRIDAY</b>				<b>WEEK:</b>
<b>SATURDAY</b>				

**SECTION 3. WORK HOURS AND WAGES (continued)**

DO EMPLOYEES WORK DIFFERENT SCHEDULES OR IRREGULAR HOURS SO YOU CANNOT PROVIDE A STANDARD WORK SCHEDULE?  YES  NO

IF "YES," BRIEFLY DESCRIBE THE DIFFERENT SCHEDULES OR IRREGULAR WORK HOURS AS BEST AS YOU CAN: \_\_\_\_\_  
\_\_\_\_\_

WHEN IS THE NORMAL OR STANDARD SCHEDULED MEAL PERIOD FOR EMPLOYEES?

START TIME: \_\_\_\_\_  AM  PM    END TIME: \_\_\_\_\_  AM  PM     THERE IS NO STANDARD SCHEDULED MEAL PERIOD

WHAT IS THE AVERAGE LENGTH OF TIME FOR AN EMPLOYEE'S MEAL PERIOD? \_\_\_\_\_  MINUTES  HOURS

WHO SET THE WORK SCHEDULE? (FULL NAME AND JOB TITLE/POSITION): \_\_\_\_\_

WHAT DAY IS PAY DAY?  DAILY

WEEKLY ON \_\_\_\_\_  BI-WEEKLY ON (Once every two weeks) \_\_\_\_\_

MONTHLY ON \_\_\_\_\_  SEMI-MONTHLY ON (Twice a month) \_\_\_\_\_

WHO PAYS EMPLOYEES? (FULL NAME AND JOB TITLE/POSITION): \_\_\_\_\_

ARE EMPLOYEES PAID BY THE HOUR?  YES  NO    IF "YES," HOW MUCH? \$ \_\_\_\_\_ PER HOUR

VARIES (EXPLAIN): \_\_\_\_\_

ARE EMPLOYEES PAID A FIXED AMOUNT OF WAGES (OR SALARY), REGARDLESS OF THE NUMBER OF HOURS WORKED?  YES  NO

IF "YES," HOW MUCH? \$ \_\_\_\_\_  PER DAY  PER WEEK  EVERY 2 WEEKS  SEMI-MONTHLY  MONTHLY

VARIES (EXPLAIN): \_\_\_\_\_

ARE EMPLOYEES PAID BY PIECE RATE?  YES  NO    IF "YES," HOW MUCH? \$ \_\_\_\_\_ PER (Describe Unit) \_\_\_\_\_

PIECE RATES VARY (EXPLAIN): \_\_\_\_\_

HOW ARE EMPLOYEES PAID?  CHECK  CASH

BOTH CHECK & CASH  OTHER METHOD (EXPLAIN): \_\_\_\_\_

METHOD OF PAYMENT VARIES PER EMPLOYEE OR JOB POSITION (EXPLAIN): \_\_\_\_\_  
\_\_\_\_\_

IF EMPLOYEES ARE PAID IN CASH, DOES THE EMPLOYER KEEP CASH PAYMENT RECORDS OR LOGS?  YES  NO  DON'T KNOW

DOES THE EMPLOYER KEEP TIME RECORDS OF HOURS WORKED BY EMPLOYEES?  YES  NO  DON'T KNOW

WHAT LANGUAGES ARE SPOKEN BY EMPLOYEES?  ENGLISH  SPANISH  MIXTEC  TRIQUE  CANTONESE  MANDARIN  KOREAN

VIETNAMESE  TAGALOG  CAMBODIAN  HMONG  THAI  PUNJABI  HINDI  RUSSIAN  OTHER: \_\_\_\_\_

**SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER**

The boxes below describe conduct by an employer that violates the law. Please put a check mark in the box(es) if the employer engages in, or any employee or employees have experienced, any of the following violations:

**NO WORKERS' COMPENSATION INSURANCE**

**CHILD LABOR VIOLATIONS:**

- No valid work permit(s)
- No valid entertainment work permit(s)
- Minor(s) work excessive or prohibited hours
- Minor(s) work in hazardous conditions

Estimated number of minors affected: \_\_\_\_\_

**MINIMUM WAGE VIOLATIONS:**

- Paid below minimum wage
- Not paid at all for overtime hours worked
- Not paid for all hours worked, including unpaid travel time and try-out time
- Paycheck issued with insufficient funds
- Asked employee to pay back wages paid
- No split shift premium pay

Estimated number of employees affected: \_\_\_\_\_

**OVERTIME VIOLATIONS:**

- Not paid daily overtime for hours worked over 8 hours per day (or 10 hours per day for farmworkers)
- Not paid weekly overtime for hours worked over 40 hours per week
- Not paid double time for hours worked over 12 hours per day
- Not paid overtime for working on the 7th consecutive workday in a workweek

Estimated number of employees affected: \_\_\_\_\_

**SECTION 4. SUSPECTED VIOLATIONS OF EMPLOYER (continued)**

**OTHER UNPAID WAGES:**

- Wages are not paid at the contracted rate
- No reporting time premium pay
- No premium pay for missing meal or rest periods

Estimated number of employees affected: \_\_\_\_\_

**PAY STUB VIOLATIONS:**

- Paid by check or cash without an itemized wage deduction statement
- Itemized wage deduction statement provided but not accurate and/or incomplete
- Itemized wage deduction statement not provided at least semi-monthly

Estimated number of employees affected: \_\_\_\_\_

**MEAL PERIOD VIOLATIONS:**

- 30-minute off-duty meal period not provided by the end of the 5th hour of work
- Second 30-minute off-duty meal period not provided when working more than 10 hours
- Meal period provided but less than 30 minutes

Estimated number of employees affected: \_\_\_\_\_

**REST BREAK VIOLATIONS:**

- For work days between 3.5 hours and up to 6 hours per day, not allowed to take a 10-minute rest break
- For work days of more than 6 hours and up to 10 hours per day, not allowed to take two 10-minute rest breaks
- For work days of more than 10 hours and up to 14 hours per day, not allowed to take three 10-minute rest breaks

Estimated number of employees affected: \_\_\_\_\_

**PAY DATE VIOLATIONS:**

- No fixed pay date
- Late payment of wages

Estimated number of employees affected: \_\_\_\_\_

**RECORD KEEPING VIOLATIONS:**

- Daily time records are not kept or inaccurate
- Payroll records are not kept or inaccurate
- No notice to new hires (under Labor Code Section 2810.5)

**BUSINESS EXPENSE VIOLATIONS:**

- Uniforms not reimbursed or illegally charged to employees
- Tools, supplies or equipment not reimbursed or illegally charged to employees
- Illegal charges for cash shortages, breakage, or loss of equipment

Estimated number of employees affected: \_\_\_\_\_

**FAILURE TO POST:**

- Applicable Industrial Welfare Commission Order not posted
- Minimum Wage Order 2001 not posted
- Pay day notice not posted
- Workers' compensation insurance notice not posted
- Rate of compensation not posted (for farmworkers only)

**MISCLASSIFICATION:**

- Employees misclassified as independent contractors
- Salaried employees misclassified as exempt employees

Estimated number of employees affected: \_\_\_\_\_

**LICENSING/REGISTRATION VIOLATIONS:**

- Unlicensed construction contractor
- Contracted with unlicensed construction contractor
- Unlicensed farm labor contractor
- Unregistered garment contractor or manufacturer
- Unregistered car wash

**FAILURE TO PROVIDE LACTATION ACCOMMODATIONS**

Estimated number of employees affected: \_\_\_\_\_

**OTHER VIOLATIONS** (briefly explain):

\_\_\_\_\_

Estimated number of employees affected: \_\_\_\_\_

Please provide any other information about your complaint that you believe is important for the Labor Commissioner to know:

Please provide the following information for any minors under the age of 18 who work for the employer:

FULL NAME (first and last name, and any "nick" names)	AGE	JOB POSITION/ TYPE OF WORK PERFORMED	NORMAL WORK SCHEDULE	HOW WAS THE MINOR PAID (by check, in cash, both cash and check, or other method)?

MAY YOUR NAME BE USED IN AN INVESTIGATION?  YES  NO

DO YOU WANT DLSE TO KEEP YOUR NAME AND CONTACT INFORMATION CONFIDENTIAL? \*  YES  NO

**I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

\* DLSE will maintain confidentiality as appropriate in each case and to the extent provided for under the law. Information may need to be released in some cases.