If you believe you have experienced wage theft or that your rights to Earned Sick and Safe Time or Minimum Wage have been violated by your employer, please fill out the complaint form or contact our office at 651-266-8966 or laborstandards@ci.stpaul.mn.us if you need language assistance or other accommodations.

Our office will review the information you submitted on this form in order to determine if your complaint falls within our jurisdiction. If your contact information has been provided, a labor investigator will reach out to you to complete an intake conversation. Please note filing a complaint does not automatically initiate the investigation. Per section 233.13 (a) The director has sole discretion to decide whether to investigate or to pursue a violation of this chapter.

1. Complainant Name

|  |
| --- |
|  |

1. Request to Remain Anonymous

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Complainant’s Email

|  |
| --- |
|  |

1. Mailing Address (Optional)

|  |
| --- |
|  |

1. Complainant’s Phone Number

|  |
| --- |
|  |

1. What is the best time for us to contact you?

|  |  |
| --- | --- |
| 8am – 12pm |  |
| 12pm – 4:30pm |  |
| Either |  |

1. Complainant’s Preferred Language

|  |
| --- |
|  |

1. Complainant’s Pronouns

|  |
| --- |
|  |

1. Employer

|  |
| --- |
|  |

1. Employer’s Address

|  |
| --- |
|  |

1. Employer’s Contact Information

|  |
| --- |
|  |

1. Job Title

|  |
| --- |
|  |

1. Rate of Pay

|  |
| --- |
|  |

1. Area of Allegation

|  |  |
| --- | --- |
| Earned Sick and Safe Time  |  |
| Minimum Wage  |  |
| Wage Theft |  |

1. Complaint Description

|  |
| --- |
|  |

1. How many hours does the complainant work per week in the geographic boundaries of Saint Paul?

|  |
| --- |
|  |

**Tennessen Warning Notice for the Saint Paul Labor Standards**

**Please review this data practices advisory notice and acknowledge that you have read it on the next page. Contact the Labor Standards Division with any questions at 651-266-8966 or** **laborstandards@ci.stpaul.mn.us****.**

We are required by law to provide this privacy notice to you since we are collecting private or confidential information. The information that the City of Saint Paul’s Department of Human Rights & Equal Economic Opportunity (HREEO) is asking you to provide will be used to investigate, negotiate, conciliate, litigate, or otherwise resolve a violation of the Citys’ Earned Sick and Safe Time (ESST) (Saint Paul Legislative Code Ch. 233) Minimum Wage Ordinances (Saint Paul Legislative Code Ch. 224), and/or Wage Theft (Saint Paul Legislative Code Ch. 224A). This information will become part of a case file and will be kept by HREEO while the case is open (not resolved) and after the case is closed. HREEO will use the information it obtains from you to resolve alleged ESST, Minimum Wage, and/or Wage Theft Ordinance violations. HREEO may make available case information in order to resolve a violation or to fulfill one of its other duties with the courts and/or with one of the partner agencies listed below. This data may be disclosed to witnesses, hearing examiners, administrative law judges, state or federal judicial personnel. If there is a hearing or trial in this case, the judge may order that all data be made public. The use of this information by HREEO to meet its statutory duties and the availability of this information by others is governed by Chapter 13 of the Minnesota Statutes.

**Local, state, and federal government agencies with whom HREEO is authorized to share the information you are being asked to provide include:**

* Minneapolis Labor Standards Enforcement Division
* Minnesota Department of Labor and Industry
* Minnesota Attorney General’s Office
* U.S. Department of Labor

**You may refuse to provide the information we are requesting. However,**

* If you are a **Complainant**, refusal may delay the investigation of the violation(s) or result in your allegation(s) being dismissed.
* If you are a **Respondent**, a refusal may result in a finding that an allegation exists to believe you committed a violation(s).
* If you are a **Witness**, refusal may delay the investigation of the violation(s).
1. Acknowledgement

  I have read and understand the above Tennessen Warning regarding my rights as a subject of government data.

1. Please sign by typing your name (If you are filing as anonymous you do not need to sign)

|  |
| --- |
|  |

1. Date of Acknowledgement

|  |
| --- |
|  |

1. Data Sharing

Please check if you have an objection to HREEO sharing this information with an outside agency, such as the Minnesota Department of Labor and Industry, if HREEO determines it does not have jurisdiction to investigate your claims.

**Attachments:** If you would like to provide documents, please email them to laborstandards@ci.stpaul.mn.us.

Our office will review the information you submitted on this form in order to determine if your complaint falls within our jurisdiction. If your contact information has been provided a labor investigator will reach out to you to complete an intake conversation. Please note filing a complaint does not automatically initiate the investigation. Per section 233.13 (a) The director has sole discretion to decide whether to investigate or to pursue a violation of this chapter.

Thank you for your submission!