



## Section A – My Information

Preferred Language:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese Simplified
<input type="checkbox"/> Chinese Traditional	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Somali
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other:		
Name (As it appears on your ID – First Middle Last Name)			
Mailing Address		City	State
		Zip Code	
Phone Number	Email Address		
Position Title			

Alternate Contact	Alternate Contact Phone Number
Alternate Contact Email	

## Section B – Employer you are filing this complaint against

Employer Name (Business Name)			
Address Where You Worked		City	State
		Zip Code	
Employer Contact (Owner, Manager, or Supervisor) Name			
Employer Phone Number	Employer Email Address		

## Section C – Work Period

When did you begin working for this employer?
My complaint is for the following period of time
Start Date: _____ End Date: _____
Describe your typical work schedule (for example: 9 AM to 5 PM MTWThF)

Is there a formal process at your facility or hospital for reporting violations within your organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you communicated your concerns about missing breaks or being forced to work overtime to your supervisor or HR?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any specific reasons why breaks are missed or overtime is imposed? Such as patient increase, staffing issues, or patient care emergencies?
<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Section D – Complaint information

- I am not getting timely rest breaks or meal times.
- My break(s) have been unfairly interrupted.
- I am not receiving scheduled rest or meal breaks.
- I have been forced to work unscheduled overtime to perform normal job duties.
- My employer used prescheduled on-call time to cover a planned procedure that required me to work overtime.
- My employer did not follow healthcare employee overtime rules.
- My employer is retaliating against me.
- I agree to work overtime but have not received a break or uninterrupted time off.
- My employer is not self-reporting claims to L&I or providing incorrect information to L&I.
- Other:

Describe why in detail why you are filing this complaint.