



# The City of New Brunswick Paid Sick/Safe Leave Ordinance Complaint Form

If you believe you have a complaint about a violation of the City of New Brunswick’s Paid Sick/Safe Leave Ordinance, please complete this form. Please answer all questions. If a question does not apply to your situation, put “Not Applicable”. If you do not know the answer to a question put “Do Not Know”.

Questions about the form or filing a complaint can asked by:

Email: [PaidSickLeave@cityofnewbrunswick.org](mailto:PaidSickLeave@cityofnewbrunswick.org) OR Phone: 732.745.5050

Free translation services are available if needed.

Submit completed form by:

Email: [PaidSickLeave@cityofnewbrunswick.org](mailto:PaidSickLeave@cityofnewbrunswick.org) OR

Mail or Hand Deliver: Paid Sick Leave, Department of Planning & Development, City of New Brunswick, 25 Kirkpatrick Street, PO Box 269, New Brunswick, NJ 08903

After the City receives your form, you will be contacted to obtain additional information, if needed, or to advise you what action, if any, has been taken.

The City will attempt to notify you if we must identify you to your employer in order to resolve your complaint or as required by law.

I affirm that to the best of my knowledge, this information is true, correct and complete.			
Signature:		Date:	
Print Name			
Signature of Parent or Guardian			

HOW CAN WE HELP YOU?		
What assistance do you want	<input type="checkbox"/> Help to resolve a complaint with my employer	<input type="checkbox"/> Investigate an employer that I believe is violating the ordinance

YOUR CONTACT INFORMATION					
First Name		M.I.		Last Name	
Address					
City		State		Zip	
Phone # 1		Phone #2		Email:	
Primary Language Used					

By providing your email address, you consent to receive communications electronically from the City of New Brunswick and you affirm that the email listed is a reliable form of communication for you.

EMPLOYMENT INFORMATION					
Employer				Primary language at the work place	
Address					
City		State		Is this an employment agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employer still in business?					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of Operation	

Your Job Title/Function					
Name of Supervisor			Supervisor's Phone #		Email
Number of Employees	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10 or more	Is your job covered by a collective bargaining agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industry: <input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Hospitality/Hotel <input type="checkbox"/> Warehousing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Grocery <input type="checkbox"/> Construction <input type="checkbox"/> Health Care <input type="checkbox"/> Personal Service <input type="checkbox"/> Professional Service <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Non Profit <input type="checkbox"/> Other					
On what date did your start working for your employer?					
On average, home many hours a week do you work for this employer?					
How many of these work hours take place physically in New Brunswick?			<input type="checkbox"/> <20 hrs	<input type="checkbox"/> 20-<35	<input type="checkbox"/> 35 or >
Are you still working for this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are not working for the employer, select the reason why		<input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Business Closed			
If you are not still working for this employer, what was the last day of work (date)					
Please answer the following questions to help us determine your eligibility under the Paid Sick Leave Ordinance					
Are you a member of a construction union that is covered by a collective bargaining agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a government employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Board of Ed /Public School employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you an independent contractor?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>COMPLAINT INFORMATION</b>					
Do you believe your employer has violated the City of New Brunswick's Paid Sick/Safe Leave Ordinance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, on what date did the violation(s) occur?					
Please indicated which of the following violations you believe occurred:					
<input type="checkbox"/> Not allowing me to use sick/safe leave	<input type="checkbox"/> Not compensating me correctly for sick/safe leave	<input type="checkbox"/> Not allowing me to carry over sick/safe leave from one year to the next			
<input type="checkbox"/> Requiring me to find a replacement worker	<input type="checkbox"/> Requiring me to make up hours missed	<input type="checkbox"/> Requiring me to provide medical documentation			
<input type="checkbox"/> Retaliating against me for requesting sick/safe leave, using sick/safe leave or filing a complaint	<input type="checkbox"/> Not providing me with the Notice of Employee Rights	<input type="checkbox"/> Other			
In your own words, please describe what happened. Use additional sheets if necessary					
Have you tried to resolve your complaint with your employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of relief are you seeking from your employer, e.g., letter of apology, wages owed, compensatory time, etc?		<input type="checkbox"/> Letter of apology <input type="checkbox"/> Wages owed <input type="checkbox"/> Compensatory time <input type="checkbox"/> Other			

**Please provide any relevant documents along with this form (i.e., your pay stub, employment contract, collective bargaining agreement, employer's policy on sick leave, and copy of your request for sick leave). You do not need health-related information to process your complaint, e.g., we do not need your doctor's note or prescription.**