



**Consumer
Affairs**

Office of Labor Policy & Standards
42 Broadway, 9th floor
New York, NY 10004
Monday-Friday: 9:00 a.m.-5:00 p.m.

Telephone: 311
nyc.gov/dca

COMPLAINT FORM FOR RETAIL WORKERS – VIOLATIONS OF FAIR WORKWEEK LAW

Please fill out this form as best you can, clearly printing or typing your answers to each question. A representative from the Department of Consumer Affairs (DCA) Office of Labor Policy & Standards (OLPS) will contact you.

NOTE:

- Employers cannot punish, penalize, retaliate, or take any action against employees that might stop or deter them from exercising their rights under the law, including submitting this form to OLPS. Workers should immediately contact OLPS about retaliation.
- The law covers workers regardless of immigration status.

You can **submit** the completed form in one of the following ways:

- Email FWW@dca.nyc.gov OR
- Mail or hand deliver to the address above.

If you have questions about the form or want to speak with an OLPS representative, call 311 and ask for “Fair Workweek Law.”

What do you want OLPS to do?		<input type="checkbox"/> Investigate my/an employer for possible violations of NYC’s Fair Workweek Law. <input type="checkbox"/> Give me information about NYC’s Fair Workweek Law.	
About You			
First Name:		Last Name:	Primary Language Spoken:
Phone Number (Primary):		Phone Number (Secondary):	
Street Address:		City:	
State:	ZIP Code:	Borough:	Email Address:
Worker Job Title/Duties at the Workplace:		Name of Worker’s Supervisor/Manager:	
Supervisor/Manager Phone Number:		Supervisor/Manager Email Address:	
Are you/the worker a member of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which union: _____	
About Your/the Retail Workplace			
Business Name:		Industry:	
Phone Number:		Street Address:	
City:	State:		ZIP Code:
Borough:			
1. Number of Employees: <input type="checkbox"/> Fewer than 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Unknown	2. Does this business have other locations in NYC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, where?	
3. Is this business different than the business that appears on your/the worker’s pay stub?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If you answered Yes to 3, please tell us about the business that appears on the pay stub below.			
Business Name:		Business Address:	

Continue on back >

City:		State:		ZIP Code:	Borough:
4. Do you/the worker still work at the retail business?	<input type="checkbox"/> Yes	If No:	When was your/the worker's last day of work? _____ (MM/DD/YY)		
	<input type="checkbox"/> No		Please select the reason. <input type="checkbox"/> Employer moved work location <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Other _____ <input type="checkbox"/> Laid Off		

Complaint Information

1. Do you think the employer violated NYC's Fair Workweek Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. If Yes , on which date(s) do you believe the employer violated the law? _____ (MM/DD/YY)
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3. Please indicate which of the following ways the employer violated NYC's Fair Workweek Law. Check all that apply.

<input type="checkbox"/> The employer did not give me/worker a written schedule with dates, times, and locations of shifts.	<input type="checkbox"/> The employer gave me/worker the schedule less than 72 hours (3 days) before the beginning of my/worker's shift.	<input type="checkbox"/> The employer cancelled a shift or reduced the hours in a shift less than 72 hours (3 days) before the beginning of my/worker's shift.
<input type="checkbox"/> The employer added hours to my/worker's shift or scheduled a shift without consent within 72 hours (3 days) of the beginning of my/worker's shift.	<input type="checkbox"/> The employer asked me/worker to be "on call" and available to work for a shift.	<input type="checkbox"/> The employer refused to give me/worker a copy of a schedule worked within the past 3 years when requested.
<input type="checkbox"/> The employer did not give me/worker a copy of coworkers' current schedules when requested.	<input type="checkbox"/> The employer retaliated against me/worker for requesting a schedule, refusing to work a shift that was scheduled without prior notice or an on-call shift, asking for copies of schedules, or exercising rights under NYC's Fair Workweek Law in some other way.	<input type="checkbox"/> I believe that the employer may take action against me/worker for requesting a schedule, refusing to work a shift that was scheduled without prior notice or an on-call shift, asking for copies of schedules, or exercising rights under NYC's Fair Workweek Law in some other way.
<input type="checkbox"/> The employer did not post a notice of rights required by NYC's Fair Workweek Law in my/worker's workplace.	<input type="checkbox"/> Other:	

4. In your own words, please describe what happened. Use additional sheets, if necessary.

5. Please provide us with any additional information that would be helpful in resolving this issue.

Please provide any relevant documents along with this form (i.e., a pay stub, employment contract, collective bargaining agreement, or employer's scheduling policy).

About OLPS and NYC's Fair Workweek Law

OLPS enforces key NYC workplace laws and rules. We investigate complaints about the laws that we enforce and, for other workplace issues, we connect workers to relevant government agencies, legal service providers, and other resources to help them access and protect their rights and get critical services.

NYC's Fair Workweek Law gives retail workers the right to 72 hours' (3 days') advance notice of schedules and bans on-call shifts, shift cancellations with less than 72 hours' notice, and shift additions with less than 72 hours' notice unless workers consent. Visit nyc.gov/dca to learn more.