



OFFICE USE ONLY

File # _____

Main File # _____

OREGON PROTECTED SICK TIME COMPLAINT FORM

If you have a claim for unpaid wages you must complete a wage claim form in addition to this complaint form. The wage claim form is available at any BOLI office or online at:
www.oregon.gov/boli/whd/docs/wageclaim.pdf.

Please Print

Today's Date: _____

Name of business: _____

Name of business owner: _____

Department/division/branch (if applicable): _____

Type of business: _____

Employer's address: _____

Employer's telephone number: (____) _____

Number of employees: _____

Check nature of complaint: I believe this employer has violated the Oregon Sick Time Law by:

- Not providing written notification (at least quarterly) of the amount of sick time accrued or available for use
- Not allowing me to use sick time
- Not compensating me for sick time I have used
- Not allowing me to carry over accrued sick time
- Failing to post a notice that I am entitled to sick time
- Retaliating against me for using sick time
- Other

Describe the problem: _____

Note: Pursuant to the Public Records Law, the information provided on this complaint form, including the name of the complainant is disclosable and may be provided upon request to the business against which the complaint is filed. You are not required to include your name on the complaint form. However, be advised that if the information provided is not sufficient or there are any questions regarding the complaint and we are unable to contact you, no further action may be taken.

Your name: _____ Telephone: (____) _____

Address: _____ Alt. Phone: (____) _____

Email: _____



OREGON PROTECTED SICK TIME **COMPLAINT FORM**

Instructions

If you feel you have been denied your rights under Oregon's sick time requirements please fill out and submit the complaint form on the reverse of this instruction sheet and mail it to us at:

Bureau of Labor and Industries
Wage and Hour Division
800 NE Oregon St., STE 1045
Portland, OR 97232

Please note

This complaint form has to do with protected sick time **ONLY**.

If you have a claim for unpaid wages you must also complete a wage claim form in addition to this complaint form. The wage claim form is available at any BOLI office or online at:
www.oregon.gov/boli/whd/docs/wageclaim.pdf.

If your complaint has to do with other provisions of wage and hour law (such as rest and meal periods) please visit our general wage and hour [home page](http://www.oregon.gov/BOLI/WHD/pages/index.aspx) (online at www.oregon.gov/BOLI/WHD/pages/index.aspx) or call us at 971-673-0761 for the appropriate complaint form.