

UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help us investigate and correct the alleged noncompliance. You may remain anonymous. Mail your completed complaint form to:
UEO, 3321 Power Inn Road, Suite 140, Sacramento, CA 95826.

CONTACT INFORMATION	
Name	
Address	
City/State/ZIP	
Phone	

GENERAL BUSINESS INFORMATION	
Business Name	
Owner's Name	
Address	
City/State/ZIP	
Phone	
Type of Service Provided	Years in Business:

DETAILED BUSINESS INFORMATION	
Issue of noncompliance and/or complaint	
Where is business operating?	
Who hired the workers?	
Who directed services performed for the business?	
Period of time worked	
Names of witnesses, addresses, & phone numbers	
Other Important Information	

BOOKKEEPING INFORMATION	
Preparer and Issuer of Payroll	
Are payroll tax deductions withheld from wages?	
Do you have a copy of an earning statement from this business?	
Do you have copies of records/checks from this business?	

EMPLOYEE INFORMATION			
Number of Employees	Hours per Week:	Years With Employer:	
	Name(s)		
Paid By	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Pay Rate:	
When Paid	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly
Job Description			

INSTRUCTIONS FOR UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help us investigate and correct the alleged noncompliance. You may remain anonymous.

Contact Information

You may remain anonymous. However, if we have any follow-up questions to support an investigation, we may need to contact you about this allegation. Therefore, we request that you provide your name and how to reach you.

General Business Information

Business Name: Give the name by which the business is known to the public. Enter "None" if no business name is used.

Owner's Name: Enter the full name of owner or owners. If the business is a partnership, corporation, limited liability corporation, or limited liability partnership, please provide the organization name, as well as the individual name or names associated with the ownership.

Address and City/State/ZIP: Enter the physical address, including city, state, and ZIP code. If there is more than one address, list on a separate sheet and attach to this form.

Phone: Provide business telephone number.

Type of Service Provided: What type of services have you provided for this business?

Years in Business: How long has the business been in operation?

Detailed Business Information

Issue of Noncompliance and/or Complaint: For example, the workers are incorrectly classified as independent contractors when they should be treated as employees or receiving payments without a written deduction statement.

Where is business operating? What is the physical location where the services are being performed.

Who hired the workers? Please provide the specific name of the individual(s) who hired you.

Who directed services performed for the business? Please provide the specific name of the individual(s) who supervised you.

Names of Witnesses, Addresses, & Phone Numbers: Please provide the name of other workers and how to reach them.

Period of Time Worked: Dates you worked.

Other Important Information: Anything else you think we should know?

Bookkeeping Information

Preparer and Issuer of Payroll: Is the payroll prepared by an internal bookkeeper or outside bookkeeper? What is the name of the preparer/issuer of the payroll?

Are payroll tax deductions withheld from wages? Were state and/or federal payroll tax deductions withheld from wages?

Do you have a copy of an earning statement from this business? Did you receive a pay stub or an itemized statement showing: (1) gross wages earned, (2) total hours worked, if paid on an hourly wage, (3) all deductions, (4) net wages earned, (5) date of the period for which you were paid, (6) your name and social security number, and (7) employer's name.

Do you have copies of records/checks from this business?

Number Employees: How many people work for the employer?

Hours per Week: How many hours do you typically work in a normal week?

Years With Employer: How long have you worked for this employer?

Paid By: Select the method by which you are paid.

Pay Rate: What is your rate of pay? Hourly rate or salary?

When Paid: Select the method that describes the frequency of your payments.

Job Description: Describe what type of services you provide and what the employer's business does.