

## Paid Sick Leave Ordinance Intake Complaint Form

Thank you for contacting the Township of Bloomfield in regards to the Paid Sick Leave Ordinance (also known as Earned Sick Days). This form provides us with information we can use to help us serve you. Once we receive your completed questionnaire, we will review it and then contact you for more information, please leave the best contact information. Your identity will remain confidential and will not be shared with your employer unless necessary to resolve the investigation *and* with your permission.

To avoid delays in processing, please submit only one questionnaire to the Township regarding the same matter.

Today's Date \_\_\_\_\_ Incident Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Which phone numbers should we use to contact you? (Please check your preferred number.)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Who can we contact if we are unable to reach you? \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Do you need language interpretation? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

I believe my employer has violated the Bloomfield Paid Sick Leave Ordinance by:

- not allowing me to accrue paid sick leave.
- not allowing me to use paid sick leave.
- not allowing me to carryover unused sick leave.
- not notifying me that I am entitled to paid sick leave.
- Retaliating against me for using my paid sick leave.

Other: \_\_\_\_\_

## Employer Information

Do you work for a private employer in Bloomfield?                     Yes     No     Unsure

Business Name \_\_\_\_\_

Name of Supervisor(s) or Manager(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Briefly describe what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are protected from retaliation under the Paid Sick Leave Ordinance.  
Please submit this document via mail at 1 Municipal Plaza, Bloomfield, NJ 07003 Attn: Administrator's  
Office or fax: 973-680-0134 to the attention of the Enforcement Officer.