

**THE TOWNSHIP OF BLOOMFIELD**  
**Department of Health & Human Services**  
**One Municipal Plaza – Room 111**  
**Bloomfield, New Jersey 07003**



**Public Health**  
Prevent. Promote. Protect.  
Township of Bloomfield  
Department of  
Health & Human Services

**Earned Sick Time Intake Questionnaire**

Thank you for filling out this questionnaire from the Bloomfield Township

**THIS FORM IS FOR INVESTIGATIVE PURPOSES ONLY.** 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.

To avoid delays in processing, please submit only one questionnaire to the Bloomfield Office of Health and Human Services (either by mail, fax or in person) regarding the same matter.

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

Your Name: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Home: \_\_\_\_\_  Work: \_\_\_\_\_  Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

How did you hear about the Earned Sick Leave Ordinance? \_\_\_\_\_

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

Do you need sign language interpretation or reasonable accommodation? \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

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

- Not allowing me to accrue paid sick time
- Not allowing me to use paid sick time
- Not allowing me to carryover unused sick time
- Not notifying me that I am entitled to paid sick time
- Not notifying me of the amount of paid sick time I have
- Retaliating against me for exercising my paid sick time rights
- Other: \_\_\_\_\_

*(FORM CONTINUES ON NEXT PAGE)*

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

Name of Supervisor or Manager: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Briefly explain the reason for your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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You may email your complaint form to [mlordo@bloomfieldtwpnj.com](mailto:mlordo@bloomfieldtwpnj.com)  
Bloomfield Department of Health and Human Services  
1 Municipal Plaza Rm 111  
Bloomfield, NJ 07093

If you have any questions please call: 973-680-4022 or 973-680-4024