



INFO

Earned Sick and Safe Time Complaint Intake Form

Instructions

Please complete all information below. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable.

If you have any questions about this form or need help completing it, please contact the Duluth City Clerk's Office at sicktimeinfo@duluthmn.gov or 218-730-5500. **After receiving your completed form, we will contact you within 5 days to gather any additional information or to notify you of what action we will be taking.**

Data Classification Advisory: Information you provide is subject to the Minnesota Government Data Practices Act. You are not required to provide any of the information we ask for; however, if you choose not to provide information, we may not be able to investigate. The information you provide will be kept confidential while we investigate, but it may be shared with others when doing so is necessary for us to investigate. Once an investigation is inactive, information may be available to the public on request, unless otherwise protected by the Minnesota Whistleblower Act.

Employee Information

Name: _____

Address: _____

Phone Number: (____)____ - _____ E-Mail: _____

Who is your employer?

Business Name: _____

Business Phone Number: (____)____ - _____ Business E-Mail: _____

Business Address: _____

Number of employees (Full-Time & Part-Time): _____

Manager/Supervisor Name: _____ Manager Phone Number: (____)____ - _____

HR Representative Name: _____ HR Rep. Phone Number: (____)____ - _____

Tell us about your work

Your Job Title/Function: _____

Hours you work per week: _____ Date you were hired: _____

Do you still work there? If not, date you left: _____

Do you spend more than 50% of your working time in the city of Duluth? _____

Have you seen a poster explaining Earned Sick and Safe Time at your workplace? _____

Complaint Information

In your own words, please describe what happened. Use additional sheets, if necessary. Please include all dates of alleged violations.

Do you have any witnesses (please list their names and phone numbers) or other evidence?

Have you tried to resolve your complaint with the employers? If so, what happened?

What type of relief are you seeking? (Back pay, reinstatement, an apology, etc.)

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

You can submit the completed form in the following ways:

- Email: sicktimeinfo@duluthmn.gov
- Mail or hand deliver to: 318 City Clerk’s Office, City Hall 411 W. 1st Street, Duluth, MN 55802
- Complaints can also be submitted online at: <https://duluthmn.gov/city-clerk/earned-sick-safe-time/about-earned-sick-safe-time/>