

UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help the Employment Development Department investigate and correct the alleged noncompliance. You may remain anonymous, please refer to the instructions on page 2. Mail your completed complaint form to: Employment Development Department, Underground Economy Operations, 3321 Power Inn Road, Suite 140, Sacramento, CA 95826.

CONTACT INFORMATION	
Name	
Address	
City/State/ZIP Code	
Phone	
What was/is your relationship with this business?	

GENERAL BUSINESS INFORMATION	
Business Name	
Owner's Name	
Address	
City/State/ZIP Code	
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, and 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 <input type="checkbox"/> Other_____
Job Description	

INSTRUCTIONS FOR UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help the Employment Development Department (EDD) investigate and correct the alleged noncompliance. You may remain anonymous, please refer to the instructions below.

Contact Information

If you wish to remain anonymous, do not complete this section and black out your name, Social Security number, and address from any documents you attach to this form in order to prevent your identity from being disclosed. However, if the EDD has any follow-up questions to support an investigation, the EDD may need to contact you about this allegation. Therefore, it is requested 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 all owners. If the business is a partnership, corporation, limited liability company, or limited liability partnership, please provide the organization name, as well as the names associated with the business operation.

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

Phone: Provide business phone number.

Type of Service Provided: What type of services does the business provide?

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

Detailed Business Information

Issue of Noncompliance and/or Complaint: Reason for the complaint being submitted. 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 the workers.

Period of Time Worked: Date worker(s) provided services.

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

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 worker(s) 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 payment is made, (6) worker(s) name and Social Security number, and (7) employer's name?

Do you have copies of records/checks from this business? List any records you have and attach them to this form.

Employee Information

Number of Employees: How many people work for the employer?

Hours per Week: How many hours do worker(s) typically work in a normal week?

Years With Employer: How long have the worker(s) worked for this employer?

Paid By: Select the method by which the worker(s) is/are paid.

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

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

Job Description: Describe what type of services worker(s) provide.