THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET ROOM 651
NEW YORK, N.Y. 10007-2341

BUREAU OF LABOR LAW

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www.comptroller.nyc.gov

CITY OF NEW YORK LABOR PEACE COMPLAINT FORM

The Comptroller's Bureau of Labor Law conducts investigations into compliance with the requirements of Section 6-145 of the New York City Administrative Code concerning Labor Peace Agreements ("LPAs") in New York City human services contracts.

If you believe a city service contractor or subcontractor has violated the law, please fill out, print, sign, scan, and return this complaint form to: laborlaw@comptroller.nyc.gov

Forms are also accepted via US Mail at the following address:

Office of the Comptroller
Bureau of Labor Law
One Centre Street, Room 651
New York NY 10007

COMPLAINING PARTY INFORMATION

Who is filing the complaint?

- ☐ Individual (worker, community member, etc.)
- ☐ Labor union or workers' rights organization
- ☐ City agency
- ☐ City service contractor
- ☐ City service subcontractor
- ☐ Other interested party (please specify)_____

Name:_____

Title:_____

Organization:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ Cell Phone:_____

Email address:_____

Please check all that apply. This complaint concerns one or more of the following issues:

- ☐ **Labor peace documents were not submitted:** A city service contractor or subcontractor named in this complaint has not submitted the LPA Attestation or Certification, as applicable.
- ☐ **Labor peace documents were inaccurate:** A city service contractor or subcontractor named in this complaint has submitted the LPA Attestation or Certification, as applicable, but the information contained in the document(s) is inaccurate.
- ☐ **Other** (Please specify)_____

CITY SERVICE CONTRACT INFORMATION

CONTRACT INFORMATION

Contract Name _____
Contract Date _____
Comptroller Contract Number or E-PIN# _____
Work location(s) _____

_____

****If you have a copy of the contract, please include a copy with this complaint.****

LABOR ORGANIZATION

Name _____
Primary Contact _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Mobile Number _____
Email Address _____
Represented by counsel? If so, please provide contact information_____

_____

_____

CONTRACTING CITY AGENCY

Agency Name _____
Primary Contact _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Mobile Number _____
Email Address _____

CITY SERVICE CONTRACTOR

Contractor Name _____

Primary Contact _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Mobile Number _____

Email Address _____

Represented by counsel? If so, please provide contact information_____

_____

CITY SERVICE SUBCONTRACTOR (if applicable)

Subcontractor Name _____

Primary Contact _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Mobile Number _____

Email Address _____

Represented by counsel? If so, please provide contact information_____

_____

Why are you filing this complaint? Please state why you believe there has been a violation of the labor peace statute. Include copies of all relevant documents, such as contracts, collective bargaining agreements, email correspondence, etc. Please use this space to add any information that is not already included in this complaint form. Use additional pages if needed.

CERTIFICATION

By signing this complaint, I certify that the information submitted in this Complaint Form is true and accurate to the best of my knowledge.

_____ _____

Signature Date

_____

Print Name