



Failure to Provide Employment Leave for Victims and Relatives of Victims of Abusive Behavior Complaint Form

Office of the Attorney General
Fair Labor Division
One Ashburton Place
Boston, MA 02108

If you or your family member is in immediate danger, please call 9-1-1.
If your request is urgent or you need assistance filling out this form, please call 617-727-3465.

PLEASE READ BEFORE COMPLETING FORM

This document could potentially be subject to a public records request or a subpoena for records. However, if you are (or a family member is) a victim of domestic violence, your (or your family member's) home address, telephone number, and place of employment will not be disclosed in response to a public records request.

The questions in this document specifically pertain to the circumstances surrounding your request for leave to address domestic violence or other abusive behavior, as defined in M.G.L. c. 149, §52E. We ask that you confine your responses to the circumstances surrounding your leave request you made to your employer. You should not use this form to describe or detail the abuse. Please be assured that the Office of the Attorney General is concerned about your (or your family member's) safety and the abusive behavior that is the source of this complaint and will work to ensure you (or your family member) receive(s) appropriate services. However, we do not want to collect information that may be used against you (or your family member) in any related criminal prosecution.

Employee Information:

First Name: _____ Last Name: _____

Date of Birth: _____ ☐ Veteran of U.S. Military Active Duty U.S. Military

Employee Email: _____

Is this a safe email address to use to contact you? ☐ Yes ☐ No

If no, please provide a safe email address to use: _____

Employee Street Address: _____

City: _____ State: _____ Zip Code: _____

Employee Phone Number: _____

Is this a safe number to use to contact you? ☐ Yes ☐ No If no, please provide a safe number to use: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Emergency Contact Address: _____

City: _____ State: _____ Zip Code: _____

Start date of employment: _____ End date of employment: _____ ☐ Present

Do you speak English? ☐ Yes ☐ No What language would you prefer we contact you in? _____

Describe the type of work you performed: _____

First Name:

Last Name:

Have you or the victim been working with a local district attorney's office? ☐ Yes ☐ No

If yes, please write the name of the district attorney's office: _____

Has a victim witness advocate been assigned to assist you or the victim? ☐ Yes ☐ No ☐ I don't know

What is the name of the Victim Witness Advocate assigned to assist you or the victim? ☐ I don't know / I don't remember

Please write the name of the advocate if known: _____

Have you or the victim sought a restraining order against the abuser? ☐ Yes ☐ No

Is an attorney representing you? ☐ Yes ☐ No

Has a community organization, advocate, or union helped you file this complaint? ☐ Yes ☐ No

If yes, please provide the name(s) and contact information of the attorney, organization, or union:

Did the abusive situation that led to your leave request meet the three following criteria?

1. You or your family member¹ is a victim of abusive behavior; ☐ Yes ☐ No

2. You are using the leave from work to seek or obtain medical attention, counseling, victim services or legal assistance; secure housing; obtain a protective order from a court; appear in court or before a grand jury; meet with a district attorney or other law enforcement official; or attend child custody proceedings or address other issues directly related to the abusive behavior against you or your family member; and ☐ Yes ☐ No

3. You are not the perpetrator of the abusive behavior against your family member. ☐ Yes ☐ No

Did you attempt to provide advance notice of your leave to your employer? ☐ Yes ☐ No

If yes, how did you provide notice to your employer (e.g. phone call, voicemail, email, letter, etc.)? When did you provide notice?

If no, were you or your family member in imminent danger or was there a threat of imminent danger to the health or safety of you or a family member? Did you attempt to provide notice within 3 workdays?

Does your employer's leave policy require an employee to provide documentation showing that the employee or the employee's family member has been a victim of abusive behavior and the leave taken was for a reason related to the abuse? ☐ Yes ☐ No ☐ I don't know

¹ A "family member" is defined in the statute as: (i) a spouse; (ii) a person you are living with *and* with whom you are engaged or substantively dating; (iii) a person with whom you have a child in common; (iv) a parent, step-parent, child, step-child, sibling, grandparent or grandchild; or (v) a person with whom you have a guardianship relationship.

First Name:

Last Name:

Did your employer require you to provide one of the following pieces of documentation? Check all that apply:

- ☐ A protective order, order of equitable relief or other documentation issued by a court of competent jurisdiction as a result of abusive behavior against the employee or employee's family member.
- ☐ A document under the letterhead of the court, provider or public agency which the employee attended for the purposes of acquiring assistance as it relates to the abusive behavior against the employee or the employee's family member.
- ☐ A police report or statement of a victim or witness provided to police, including a police incident report, documenting the abusive behavior complained of by the employee or the employee's family member.
- ☐ Documentation that the perpetrator of the abusive behavior against the employee or family member of the employee has: admitted to sufficient facts to support a finding of guilt of abusive behavior; or has been convicted of, or has been adjudicated a juvenile delinquent by reason of, any offense constituting abusive behavior and which is related to the abusive behavior that necessitated the leave under this section.
- ☐ Medical documentation of treatment as a result of the abusive behavior complained of by the employee or employee's family member.
- ☐ A sworn statement, signed under the penalties of perjury, provided by a counselor, social worker, health care worker, member of the clergy, shelter worker, legal advocate or other professional who has assisted the employee or the employee's family member in addressing the effects of the abusive behavior.
- ☐ A sworn statement, signed under the penalties of perjury, from the employee attesting that the employee has been the victim of abusive behavior or is the family member of a victim of abusive behavior. Any documentation provided to an employer under this section may be maintained by the employer in the employee's employment record but only for as long as required for the employer to make a determination as to whether the employee is eligible for leave under this section.
- ☐ Other _____

Did you provide one or more of the forms of documentation listed above?

☐ Yes ☐ No

By law, an employer has the discretion to require an employee to exhaust all existing leave (sick, vacation, personal, etc.) before the employee may take leave to address an abusive situation. Does your employer's leave policy require an employee to exhaust all available leave before taking leave to address an abusive situation?

☐ Yes ☐ No ☐ I don't know

If so, have you exhausted all your available leave? ☐ Yes ☐ No ☐ I don't know

Has your employer coerced you, interfered with your right to take domestic violence leave, or taken any adverse employment action against you as a result of you exercising your right to this leave?

☐ Yes ☐ No

If yes, explain:

First Name:

Last Name:

Employer Information:

PLEASE READ BEFORE COMPLETING THIS SECTION

Please note that the Attorney General's Office will have to contact your employer in order to assist you. If you have concerns about us contacting your employer, please call 617-727-3465.

Company Name: _____

Other business name(s) used by employer: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone Number: _____ Extension: _____

Owner's Name: _____ Owner's Phone Number: _____

Owner's license plate number(s): _____

Owner street address: _____

City: _____ State: _____ Zip Code: _____

Total number of employees in company: _____

Local manager/supervisor name(s): _____

City/town(s) where work performed: _____

First Name:

Last Name:

Instructions:

Please attach copies of any documents that support your claim, such as pay stubs, work logs, emails, or other correspondence with you employer.

If you elect to mail supporting documents in on paper, DO NOT SEND ORIGINALS. Your documents will NOT be returned to you. Please retain a copy for your records and send us photocopies of any documentation you think may be helpful in resolving the complaint. Please be sure to print a copy of your submitted complaint and attach it to the supporting documents.

Please do NOT include financial account numbers, credit or debit card numbers, your complete social security number, etc., or other sensitive personal information. We will contact you if we need any of this information.

Read the Following Before Signing Below:

I. Disclosure of Your Complaint.

Public Record. Under most circumstances, your complaint, and any documents submitted with your complaint, will be considered a public record and available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.

Disclosure to the Employer. In order to resolve your complaint we may release any and all information with regard to this complaint, including the form itself, to the employer you are complaining about. However, we will not disclose your contact information.

Disclosure to Other Entities. Your complaint and any related information may be disclosed in its entirety to other law enforcement and regulatory agencies.

II. Consulting With a Private Attorney.

The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

By signing or typing my name below, I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.

Signature: _____