

Jen Metzger
Ulster County Executive



Edward M. Jordan
Director of General Services

ULSTER COUNTY PURCHASING DEPARTMENT
COVERED EMPLOYEE COMPLAINT FORM

Living Wage Act - Local Law Number 6 of 2025

COMPLAINANT INFORMATION

Name:

Phone:

Address:

EMPLOYMENT INFORMATION

Covered Employer:

Job Title:

Immediate Supervisor Name:

Immediate Supervisor Title:

Employer Address:

Employer Phone:

**Worksite Address
if different than
above:**

NATURE OF COMPLAINT

ATTACH OTHER SHEETS & DOCUMENTS AS NEEDED

Signature of Complainant

Date:

Forward to:
Ulster County Purchasing Department
Living Wage Law Compliance
P.O. Box 1800
Kingston, NY 12401-1800

UCLWA-4