



Department of Consumer and Worker Protection (DCWP)
 Office of Labor Policy & Standards
 42 Broadway, 9th floor
 New York, NY 10004
 Call 311 or 212-436-0380
 Email OLPS@dca.nyc.gov
 nyc.gov/workers

Important: Use this form if you are a fast food employee who wants to resolve a wrongful discharge¹ complaint against an employer through arbitration.

What is Arbitration?

In arbitration, you or your representative and the employer can each present evidence to a neutral arbitrator who will decide if the employer violated the wrongful discharge law. If the arbitrator finds in your favor, the arbitrator must order the employer to: pay your reasonable attorney’s fees or costs; reinstate you or restore your hours; and pay the City the cost of arbitration. The arbitrator may also award other appropriate relief such as backpay and cancellation of any disciplinary action.

Notice of Demand for Arbitration

Date of Notice:	Is this an amended Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
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About Fast Food Employee			
Date Hired:			
First Name:		Last Name:	
Phone Number:		Email Address:	
Street Address:			
City:	State:	ZIP Code:	Borough:

About Fast Food Employee’s Representative	
First Name:	Last Name:
Phone Number:	Email Address:
Are you representing any other fast food employees in this arbitration demand? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide their names:	

>

¹ You believe your employer fired you, laid you off, or reduced your work hours by more than 15% without just cause or a legitimate economic reason. For more information, visit nyc.gov/workers.

About Fast Food Employer

Company Name:

Phone Number:

Email Address:

Street Address:

City:

State:

ZIP Code:

Borough:

Description of Violation

- Fired
- Laid off
- Indefinite suspension
- Reduction in hours

Other:

Required Action – Fast Food Employee

You or your representative must serve this arbitration demand on the fast food employer in ONE of the following ways (please check box):

- I personally delivered this Notice to the fast food employer on _____ (date).
- I sent this Notice by certified mail to the current or most recent fast food establishment where each fast food employee named in the arbitration demand is or was employed. The receipt number is _____.
- Other: _____

After you have completed service, **you must email a copy of this Notice to DCWP at OLPS@dca.nyc.gov.**

Required Action – Fast Food Employer

To file an answer to this demand for arbitration, email DCWP at OLPS@dca.nyc.gov, attaching a copy of this arbitration demand, and send a copy to the fast food employee or employee’s representative **within 10 days**. If you do not file an answer, it will be treated as a general denial of the claim.

Arbitration Details

Unless the employee, employer, and arbitrator agree to another location, arbitration will take place at DCWP: 42 Broadway, New York, NY 10004. You will receive at least 5 days’ notice before the arbitration date.

Do you require interpretation? Yes No

If Yes, please indicate which language:

- Arabic
- Bengali
- Chinese: _____
- French
- Haitian Creole
- Korean
- Polish
- Russian
- Spanish
- Urdu
- Other: _____

Print Name

Signature