Attachment E Part 1: Data Report

Community Organization Name

Monthly Report Part 1

Reporting and Objective Commitments					Į.	Activity	Amoun	t					TOTAL	Contract
(shaded)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL	Goal
1on1 Conversations with Clients	0												0	n/a
Door-to-Door Outrech to Workers	0												0	n/a
Tabling at Events	0												0	n/a
Distribute Know Your Rights Brochures in Spanish	0												0	n/a
Facebook, Twitter & Newsletter Posts	0												0	n/a
Sharing info on Spanish Radio	0												0	n/a
Sharing OLS Media Posts	0												0	n/a
OLS Trainngs & Meetings (1on1 Investigator, LS	0												0	n/a
Attending Industry Cluster Meeting	0												0	n/a
Hours of Studying Labor Standards for preparation	0												0	n/a
Internal staff trainings on labor standards	0												0	n/a
													0	n/a
													0	n/a
Quarterly Narrative Report	0												0	4
Small Group Labor Standards Training	0												0	15
Info Only Intake (worker doesn't want to report alleged labor standards violations)	0												0	n/a
Worker Intake Referrals to OLS	0												0	n/a
Worker Intake Referrals to other Org	0												0	n/a
Organization is Resolving Worker Intake	0												0	n/a
Total Worker Intakes	0												0	n/a

^{**}If you have reported worker intakes in Monthly Report Part 1. Complete information for these workers in Monthly Report Part 2 and Part 3.

Community Organization Name

Monthly Report Part 2

Alleged Labor Violations Reported in Intakes	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
Minimum Wage	0												0
Paid Sick and Safe Time	0												0
Wage Theft	0												0
Fair Chance Employment	0												0
Commuter Benefits	0												0
Secure Scheduling	0												0
Domestic Workers Ordinance	0												0
Hotel Worker Safety	0												0
Hotel Worker Protection from Injury	0												0
Hotel Worker Access to Medical Care	0												0
Hotel Worker Job Retention	0												0
Harrassment	0												0
Discrimination	0												0
Gig Worker Premium Pay	0												0
Gig Worker PSST	0												0
TNC Minimum Compensation	0												0
TNC Deactivation Ordinance	0												0
Grocery Employees Hazard Pay	0												0
Possible New Labor Law #1	0												0
Possible New Labor Law #2	0												0

Community Organization Name

Monthly Report Part 3

Industries of Worker Intakes	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL Workers
Construction	0												0
Domestic Workers	0												0
Food Services and Drinking Places	0												0
Health Care	0												0
Hotel & Motel	0												0
Manufacturing, Transportation &													
Warehousing	0												0
Drivers)	0												0
Personal & Repair Services	0												0
Retail & Grocery Stores	0												0
Security, building and grounds services	0												0
Social Assistance, Education & Childcare	0												0
Other (please describe in notes)	0												0
No Information	0												0
worker intakes in Monthly Report Part													
1)	0												0

NOTES			

Attachment E

Part 2: Training Log

												Organization
												Date
											(drop down list)	Type of Training Online/In Person
											(drop down list)	Online/In Person
												Training Name
												Number of Workers in Training
												Languages Training Conducted In
												Did you conduct How many Worker Survey? worker survey Yes or No? if No, responses were please explain in you able to Notes collect?
												How many worker survey responses were you able to collect?
												Did you send survey results to OLS survey monkey? Yes or No?

											NOTES
										Min Wage	Place a taught ir
										Paid Sick and Safe Time	Place a 1 next to all of the laws that were aught in this training. These are laws that apply to every Seattle worker
										Wage Theft	of the laws Ig. These al y Seattle w
										Fair Chance Employment	Place a 1 next to all of the laws that were taught in this training. These are laws that apply to every Seattle worker
										Secure Scheduli ng	
										Commute r Benefits	
										Domestic Workers Ordinance	
										Hotel Employee Protections 14.26	Place a 1 nex
										Hotel Employee Protections 14.27	t all of the laws t
										Hotel Employee Protections 14.28	that were taught i
										Hotel Employee Protections 14.29	Place a 1 next all of the laws that were taught in this training. These are laws that are industry s
										Gig Worker Premium Pay	ese are laws that
										Gig Worker Pa Sick and Sal Time	are industry s

										Transportation Network Company Min Compensation	fic and do not apply to every Seattle worker.
										Transportation Network Company Driver Deactivation	ply to every Seatt
										Grocery Employees Hazard Pay	le worker.
										Possible New Lawossible New Law	
										ossible New Law	

Attachment E Part 3: Worker Survey



Privacy Notice:

Information provided in this survey is considered a public record and may be subject to public disclosure. For more information, see the Public Records Act, RCW Chapter 42.56. To learn more about how we manage your information, see our Privacy Statement at http://www.seattle.gov/privacy

Worker Feedback Survey

Date: _	Is this your first time taking this training? \Box Yes \Box No, I have taken it before
1.	Was this training clear, and easy to understand?
	□ Yes
	□ No
2.	Was the information you learned today useful?
	□Yes
	□ No
3.	Did you know about the Seattle Office of Labor Standards before this training? ☐ Yes
	□ No
4.	What is your job?
5.	Is there any feedback you would like to share?
	Optional Demographic Questions
In what	Zip code is your home located? (enter 5 digit zip code, example 98104)
What is	your primary language(s)
What ro	nce/ethnicity best describes you?
	American Indian or Alaskan Native
	Asian or Asian American
	Black or African American
	Hispanic or Latino or Spanish Origin Pacific Islander
	i delijie islander



	White/Caucasian
	Prefer not to say
	Two or More Races OR Not specified above, please specify the race and ethnicity that best describes you
How do	you identify your gender?
	Woman
	Man
	Non-Binary
	Prefer not to say
	Not listed above, please specify your gender
What is	your sexual orientation?
	Straight
	Gay or Lesbian
	Bisexual
	Prefer not to say
	Not listed above, please specify your sexual orientation

Attachment E

Part 4: Quarterly Narrative



COEF Quarterly Narrative SAMPLE

Quarter

- 1. Do you have any worker stories that you would like to share with OLS that highlights the impact of your outreach and education work these past three months?
- 2. What challenges have you experienced this quarter in your outreach and education work? How will you try to address these challenges in the next three months?
- 3. Have you used any of OLS's translated materials this quarter?
 - a. If so, what materials have you used and do you have any feedback about the quality of the translations? (ie fact sheets, q&a's, etc)
 - b. Are there any languages that OLS should translate its materials into to reach more workers in that demographic? Please cite which materials should be translated and in what languages.
- 4. What successes or challenges have you had in helping immigrant workers learn about their rights at work and feel comfortable reporting violations in your industries of focus?
- 5. What Industry Cluster Outreach (Residential Construction, Large Retail/Restaurant, Domestic Workers, App-based drivers) meetings have you participated in this quarter? Are these meetings helpful to you? What are ways that they could improve or be better?