Please review the error(s) below.

- We ran into an error while authorizing your payment.Please review your card information and try again. (Error: 64ac8a0d2eb1f)

State of California
Labor and Workforce Development Agency / Department of Industrial Relations

Private Attorneys General Act (PAGA) – Filing

New PAGA Claim Notice

Your Information (Person Who is Filing)

Your First Name * Gabriella

Your Last Name * Sole

Firm Name (if any) * Lawyers For Justice, PC
(Enter "in pro per" if you are representing yourself)

Your Email Address * lina@calljustice.com

Your Street Name, Number and Suite/Apt * 410 West Arden Ave, Suite

Your Mobile Phone Number

Your City * Glendale

Your Work Phone Number 8182651020

Your State * California

Your Zip/Postal Code *

91203

Plaintiff Information

Plaintiff/Aggrieved Employee Name *

Tonia Daniels

Plaintiff/Aggrieved Employee Occupation *

Production Builder

Add Additional Plaintiffs

Employer Information

Employer Entity Type

Please select...

Employer Name *

Penumbra, Inc.

Maximum 80 Character Limit

Employer Street Name, Number and Suite/Apt *

ONE PENUMBRA PL

Employer City *

Alameda

Employer State *

California

Employer Zip/Postal Code *

94502

Employer Industry *

Other

Employer Industry for "Other" *

Medical Equipment Manuf

Add additional defendants

- [ ] Add any entity other than an individual
- [ ] Add an individual/sole proprietor employer

Notice General Information

Estimated Number of Employees Impacted by Violations *

1500

Notice Violations – Check All that Apply *

- [ ] Child Labor
- [ ] Misclassification Employee Classified as Contractor
- [ ] Misclassification NonExempt Classified as Exempt
- [x] Minimum Wage
- [x] Overtime
- [x] Not paid for all hours worked
- [x] Not paid wages due on termination
- [x] Other Unpaid Wages
- [ ] Tips or Gratuities
- [x] Payment or Reimbursement of Employee Expenses
- [ ] Improper Form of Payment Including NSF Checks
- [ ] Kickbacks
- [x] Meal and Rest Breaks
- [ ] Sick Leave
- [ ] Lactation Accommodation (Labor Code 1030–1033)
- [ ] Not providing required time off, other
- [ ] Pay Discrimination on basis of sex, (Labor Code 1197.5)
- [ ] No Wage Statements
- [x] Improper or Incomplete Wage Statements
- [x] Other Notice or Posting or Recordkeeping
- [ ] Public Works (Labor Code 1720 – 1815)
- [ ] Apprenticeship (Labor Code 3070 – 3098)
- [ ] Occupational Safety and Health (Labor Code 6300 et seq)
- [ ] No Workers' Compensation
- [ ] Licensing, Registration, or Permit
- [ ] Unfair Immigration Activities
- [ ] Agricultural Labor Relations
- [ ] Industrial Homework
- [ ] Retaliation for Protected Status or Activity (Specify)

Child Labor – Specify Ages

- [ ] Other

PAGA Claim Type – Check All that Apply *

- [x] Notice asserts one or more Labor Code violations listed in Labor Code 2699.5– not curable subject to 2699.3(a)
- [ ] Notice asserts one or more OSHA violations subject to requirements of 2699.3(b)
- [x] Includes one or more violations not listed in Labor Code 2699.5 – curable subject to 2699.3(c)

Filing Fee

A filing fee of $75 is required to file a new PAGA claim notice.

IFP

- [ ] I wish to claim In Forma Pauperis and am attaching a Confidential Request to Waive Court Fees (Judicial Council Court Form FW–001) or similar form to this submission.

Billing information

Billing First Name *	Billing Last Name *	Billing Email *	Billing Phone
Arby	Aiwazian	lina@calljustice.com	8182651020

Billing Street Name, Number and Suite/Apt *

[redacted]

Billing City *	Billing State *	Billing Zip/Postal Code *
[redacted]	[redacted]	[redacted]

Credit Card Type *	Credit Card Number *
[redacted]	[redacted]

CVV Number *

[redacted]

Credit Card Expiration Month *

[redacted]

mm

Credit Card Expiration Year *

[redacted]

yyyy

Notice and Other Attachments

PAGA Claim Notice (must be a .pdf) *

Choose File 2023.07.10_P...umbra Inc.pdf

Other Attachment – (if any) (must be a .pdf)

Choose File No file chosen

Add Another Attachment

Should you have questions regarding this online form, please contact PAGAInfo@dir.ca.gov

IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer identification numbers; personal addresses, personal telephone numbers, personal email addresses, dates of birth; names of minor children; & financial account numbers. This requirement applies to all documents, including attachments.

☑ **I understand that, if I file, I must comply with the redaction rules consistent with this notice.**

Previous Page Submit