



ILLINOIS DEPARTMENT OF LABOR

115 S LaSalle Street, 37th Floor

Chicago, Illinois 60603

<https://labor.illinois.gov/paidleave>

Email form to DOL.PaidLeave@illinois.gov

PLEASE PRINT OR TYPE ALL INFORMATION

Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence.

FOR OFFICE USE ONLY: Claim Number

Received

LEAVE RIGHTS COMPLAINT FORM

I. EMPLOYEE INFORMATION:

Full Name

Address:

City

State:

Zip code:

Email Address:

Phone Number:

I agree to allow the Illinois Department of Labor to email me about my complaint, including sending me documents by email. Yes No

II. EMPLOYER INFORMATION

Business Name:

Industry:

Address:

City:

State:

Zip code:

Business Owner(s) Name(s)

Employer contact name:

Contact Phone Number:

Supervisor Name, if different than contact

Supervisor Phone Number:

III. EMPLOYMENT INFORMATION:

Job Title

Main Job Duties:

Are you still employed by this business? Yes No

If no, date of separation/last day worked.

Rate of pay: Hourly Weekly Bi-Weekly Monthly

Do you receive tips? Yes No

If you do not work at the business address above, what is the address of your work location?

Do you work remote? Yes No

Are you a member of a union? Yes No If Yes, what is the name/local of the union?

IV. COMPLAINT REASON DETAILS

Check the box(es) to indicate reason(s) for filing this Complaint.

I took leave from work and wasn't paid for it, or was paid too little.

I was not allowed to take leave from work.

I took leave or requested to take leave from work and was fired or punished because of it.

My employer did not keep accurate records of the paid leave I am owed.

My employer did not post a public notice about workers' rights under the Paid Leave for All Workers Act.

My employer violated an unpaid leave law (Child Bereavement Leave, Family Bereavement Leave, Employee Sick Leave).

Other:

Explain why you believe the employer violated the Paid Leave for All Workers Act or other applicable leave rights laws. List the dates, hours, or specific details that support your complaint. Attach additional sheets and information if necessary.

What is the total amount of paid leave hours you believe you are owed?

(if you are unsure, provide an estimate)

Do you believe that the same or similar violations are impacting other employees at the workplace? Yes No Not Applicable

Did you ask your employer to pay you the wages you were due, or to cure or resolve the issue? Yes No

Name and Title of the person you asked:

CERTIFICATION & SIGNATURE:

I understand that in general the public has the right, under FOIA, to request most information kept as part of any public record, however, the IDOL, will endeavor to keep the confidentiality of a complainant or witness to the maximum extent allowable by law. If you are filing anonymously, you are not required to sign below. I hereby certify that the application, including attachments, is true and accurate to the best of my knowledge.

Employee Signature:

Date:

Please attach the following documents if you have them:

- Copy of your request to use leave
- Copy of your last paycheck
- Copy of latest W-2 form
- Copies of wage records or pay stubs for relevant time period
- Pages or copies from the Employee Handbook or Manual
- Any communications between you and your employer on this request.
- Other relevant documents.

IDOL asks for this voluntary information in order to learn more about the people who file complaints with us. Any information you provide will not be shared or used in relation to your complaint.

Race:

Ethnicity:

Gender Identity:

Sexual Orientation:

Disability:

Primary Language: