



Illinois Department Of Labor  
 Fair Labor Standards Division  
 115 S Lasalle St. 37th Floor  
 Chicago, Illinois 60603  
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 http://labor.illinois.gov/

# ONE DAY REST IN SEVEN COMPLAINT FORM

## Business Information

Name of Establishment				Owner/Contact Name	
Street Address				Department	
City	State	ZIP Code	County	Business Telephone Number	
Type of Industry			Number of Employees		
Email			Website		

## Complainant Information

Name of Complainant					
Street Address			City	State	
ZIP Code	County	Daytime Telephone Number		Email	
Job Classification		Date of Hire		Last Day Worked	
*Is the Complainant covered by a Collective Bargaining Agreement?			Did you sign an employment or contract agreement?		
Is the company still open?		Did you perform the work in Illinois?		*If the Complainant is covered by a Collective Bargaining Agreement (CBA), a copy of or link to the agreement should be included with the complaint form.	
Date/Time Period of the alleged violation					
FROM		TO			

## Complaint Description

BY ACCEPTING AND SUBMITTING THIS FORM, THE COMPLAINANT AFFIRMS AND CERTIFIES THAT ALL INFORMATION PROVIDED AND THE STATEMENTS MADE HERIN ARE TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
 Signature Date

OFFICAL USE	File	CO
	Type	Date Received