CHILD BEREAVEMENT LEAVE ACT (CBLA) COMPLAINT FORM

Illinois Department of Labor
115 S LaSalle St 37th Fl Chicago IL
60603 (312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION
Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence. A copy of this sheet will be sent to the employer.

FOR OFFICE USE ONLY: Claim Number _____ Received _____

I. EMPLOYER INFORMATION :

Employer Name

Address

City *State* *Zip*

Corporation Name, if any

Employer Contact Name *Contact Phone #*

Number of Employees

Is this employer a Government Agency? ☐ Yes ☐ No

Is this employer still in business? ☐ Yes ☐ No

II. EMPLOYEE INFORMATION :

Last Name, *First Name*

Address

City *State* *Zip*

Employee Phone #

Email

Name of Second Contact *Second Contact Phone #*

Email

III. COMPLAINT DETAILS :

1. Did you request CBLA leave? ☐ Yes ☐ No

2. Did your employer permit you to take CBLA leave?

☐ Yes If "yes", what were the beginning and end dates of each leave period? _____

☐ No If "no", state the reason, if any, your employer gave you for denying leave: (Please attach any documents)

3. Did you voluntarily elect to substitute vacation, sick leave, and/or paid time off during any portion of CBLA leave? ☐ Yes ☐ No

4. How many hours did you work for your employer in the 12 months before the date of your CBLA leave request? _____

5. Did your employer restore you to the same or equivalent position upon your return from leave? ☐ Yes ☐ No

If "no", please explain. _____

6. As a result of CBLA leave, did you forfeit seniority or employment benefits accrued prior to the date of leave? ☐ Yes ☐ No

If "yes", please explain. (Attach additional sheets if necessary) _____

7. Were you discharged? ☐ Yes ☐ No If "yes", state reason: _____

8. Did your employer discipline, discriminate, or take any other adverse employment action against you for requesting CBLA leave opposing your employer's practices that you believe violate the CBLA, or for supporting the exercise of rights under the CBLA by another employee? ☐ Yes ☐ No If "yes", please identify each specific action. (Attach additional sheets if necessary)

IV. CERTIFICATION & SIGNATURE:

Please sign, date, and return this form with two copies of any attachments to the Illinois Department of Labor at the address listed at the top of this form.

I HEREBY CERTIFY that the statements herein, including attachments, are true and accurate to the best of my knowledge and belief. I understand that acceptance of this complaint by the Illinois Department of Labor does not guarantee any specific result. I authorize the Illinois Department of Labor to receive any monies paid and to mail such monies to me at my own risk.

Date: _____ Employee's Signature _____