Illinois Department of Labor Fair Labor Standards Division
115 S. LaSalle St 37th Floor
Chicago, Illinois 60603
DOL.DayLabor@illinois.gov; http://labor.illinois.gov/

DAY & TEMPORARY LABOR SERVICE ACT
COMPLAINT FORM

Is your complaint against the Day/Temp Labor Agency, Third-Party Client/Worksite, or Both?

☐ Day/Temp Labor Agency	☐Third-Party Client	☐Both

Day/Temp Agency Information

Name of Business			
Address			
City, State, Zip			
Email:		Phone Number:	
Name of Owner/Contact Person (if known)			

Assigned Work Site/Third-Party Information

Name of Business			
Address, City, State, Zip			
Email:		Phone Number:	
Name of Owner/Contact Person (if known)			

Complainant Information

Type of Complainant:	☐ Temporary Worker	☐Interested Party	
Name of Complainant			
Address			
City, State, Zip			
Email:		Phone Number:	

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Type of Complaint

☐ General and/or more than one issue: list in Narrative below	☐Did not receive adequate health, safety, and hazard training	☐ Right to Refuse assignment due to labor dispute	☐Retaliation
☐ Check this box if you are filing as an "Interested Party" under the Act and will be seeking a Right to Sue letter			
☐Other:			

Complaint Description

Dates of Employment

From:	To:	Rate of Pay:	Daily Hours Worked:

_____ _____
Signature Date

☐ Check this box if you consent to service of process via electronic mail at the email address provided above.