ILLINOIS DEPARTMENT OF LABOR
115 South Lasalle Street, 37th Floor
Chicago, Illinois 60603
Telephone: (312) 793-2800
http://labor.illinois.gov

EMPLOYEE CLASSIFICATION ACT COMPLAINT FORM

820 ILCS 185/1-999

COMPLAINANT INFORMATION

NAME: _____ DAY PHONE # _____

ADDRESS: _____ CELL PHONE # _____

CITY: _____ STATE: _____ ZIP CODE: _____

ORGANIZATION (if appropriate): _____

EMAIL ADDRESS: _____ FAX # _____

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF? ☐ Yes ☐ No IF NO, LIST ON WHOSE BEHALF THE COMPLAINT IS BEING FILED:

INDIVIDUAL/ORGANIZATION NAME: _____ DAY PHONE # _____

ADDRESS: _____ CELL PHONE # _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ FAX # _____

HAVE YOU OR ANYONE ELSE FILED A CIVIL ACTION IN COURT REGARDING THiS MATTER? ☐ Yes ☐ No ☐ Unknown

EMPLOYER INFORMATION

COMPANY/CONTRACTOR: _____ DOING BUSINESS AS: _____

OWNER: _____ DAY PHONE # _____

ADDRESS: _____ FAX # _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

NATURE OF BUSINESS: _____ FEIN NUMBER: _____

TYPE OF BUSINESS ORGANIZATION OF CONTRACTOR? ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Unknown

NATURE OF COMPLAINT

LOCATION OF WORK/SERVICE PERFORMED FOR EMPLOYER:

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

DATE VIOLATION(S) OCCURRED: _____

TYPE OF WORK/SERVICES PERFORMED FOR EMPLOYER:
Please be specific regarding the type of work or services performed. For the construction industry, please specify electrical, plumbing, carpentry, etc.

STATEMENT OF FACTS OF ALLEGED VIOLATIONS BY EMPLOYER:
Please attach additional sheets as necessary. Also include any documentation relevant to the alleged violations.

I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____