

**EMPLOYEE SICK LEAVE ACT
(ESLA)
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 Code

Corporation Name, if any

Employer Contact Name

()

Contact Phone #

Number of Employees

Is this a Government Agency? Yes No

Is this employer still in business? Yes No

II. EMPLOYEE INFORMATION:

Last Name

First Name

Address

City

State

Zip Code

()

Employee Phone #

Email

Name of Second Contact

()

Second Contact Phone #

Email

III. COMPLAINT DETAILS:

1. Did you request leave to care for a relative? (i.e.: child, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent?) Yes No

2. Was this leave in order to assist your relative with his or her personal illness, injury, or medical appointment? Yes No

3. Name of Relative: _____

4. Relationship to Complainant: (i.e.: I requested time off to assist my child, spouse, parent, etc.)

5. Dates for which you requested ESLA leave:

6. Was leave granted on the same terms that would apply for your own personal illness, injury, or medical appointment?

Yes No

7. Were you retaliated against for requesting leave or for filing a complaint against your employer for a violation of ESLA?

Yes No

8. Please give any other details regarding the failure to give leave under the ESLA or retaliation:

IV. CERTIFICATION & SIGNATURE: Please sign, date, and return this form with two (2) 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