Illinois Department Of Labor
Conciliation & Mediation Division
115 S LaSalle St 37th Floor
Chicago, Illinois 60603

DOL.Questions@illinois.gov
labor.illinois.gov

WARN ACT COMPLAINT FORM

Business Information

Name of Corporation

Street Address | City | State | ZIP Code

Business Telephone Number

Name of Company

Street Address | City | State | ZIP Code

Business Telephone Number

Plant Closing Effective Date | Layoff Effective Date

Number of Full-Time Employees | Number of Part-Time Employees | Number of Employees Involved In Closing/Layoff

Union Affiliation

Name of Union | Local | Trade

Street Address | City | State | ZIP Code

Business Telephone Number

Complaintant Information

Name of Complainant | Representative

Street Address | City | State | ZIP Code

Business Telephone Number | Email

Please Provide An Explanation Of The Alleged Violation

Signature | Date