



Illinois Department of Labor  
 Fair Labor Standards  
 160 N. LaSalle Street, Ste 1300  
 Chicago, IL 60601  
 DOL.NurseAgency@illinois.gov  
 http://labor.illinois.gov

# Nurse Agency Licensing Act Complaint Form

## COMPLAINANT INFORMATION

Name of Complainant \_\_\_\_\_ Full Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Individual Submitting this Complaint (check all that apply): \_\_\_Nurse \_\_\_Nurse Agency \_\_\_Healthcare Facility \_\_\_Other

If you would like to remain anonymous, please check this box. (Identity is confidential under FOIA [Section 690.160](#))

## RESPONDENT INFORMATION

Name of Nurse Agency that your complaint is against:

\_\_\_\_\_

Business Address of Agency (if unknown please leave blank) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check this box if the respondent is operating through a web-based platform or mobile application

Please note that for the purpose of enforcing The Act, the Department may investigate complaints in accordance with statutory requirements or may refer complaints to relevant agencies who may contact you.

## NATURE OF YOUR COMPLAINT (CHECK ALL THAT APPLY)

- Nurse agency is operating without the required nurse agency license from the Illinois Department of Labor and employing, assigning, or referring nurses or nurse aides to healthcare facilities.
- Nurse agency is referring nurses or nurse aides who are not licensed or registered in the State of Illinois.
- Contents of the nurse agency contract with healthcare facilities violates the Nurse Agency Licensing Act.
- Nurse agency is in violation of *Standards for Operation of an Agency* ([admin. Code Section 690.70](#)). Please provide details below.

**Description of Complaint** Use additional sheets if necessary. Please attach copies of supporting documents and other evidence.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Official Use Only	
File Number	Date Received
_____	_____