

**VICTIMS' ECONOMIC SECURITY
AND SAFETY ACT (VESSA)
COMPLAINANT CONTACT SHEET**

Illinois Department of Labor
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
(312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION

Carefully read the instructions and complete the employee information on this sheet.
This page is **not** intended for your employer.

FOR OFFICE USE ONLY: Claim Number _____ Received _____

Complainant Contact Sheet

INSTRUCTIONS:

1. For your complaint to be processed, you must complete and return to the Illinois Department of Labor an original signed copy of **both** this Complainant Contact Sheet and the attached VESSA Complaint Form.
2. Answer all questions completely. Some questions require you to submit supporting documents. Attach TWO (2) complete copies of all supporting documents to your claim. Incomplete forms will be returned for completion, and this will delay the processing of your complaint.
3. If you move after filing your complaint, please notify the Department **in writing** at once. **Your claim may be dismissed if we cannot locate you.**
4. Upon receipt of your properly completed Complainant Contact Sheet, VESSA Complaint Form, and TWO (2) copies of all supporting documents, the Department will investigate your claim. You may be required to submit additional information and/or participate in investigative hearings during the investigation. You will be notified in writing of any action required on your part.

NOTE: A copy of your Complaint Form and all supporting documentation will be sent to your employer. However, IDOL will make reasonable efforts to prevent distribution of personal contact information (this Complainant Contact Sheet) outside of State of Illinois personnel.

EMPLOYEE INFORMATION:

Last Name First Name () Home Phone Number

Address () Work Phone Number

City State Zip Email

Please provide the name and telephone number of someone who will know how to reach you:

Last Name First Name () Phone Number Relationship to Employee

Is this complaint being brought by someone other than the employee? Yes No (If "yes", provide contact information below.)

Last Name First Name () Complainant Phone Number

Address Complainant Organization Name

City State Zip Complainant Relationship to Employee

OPTIONAL EMPLOYEE INFORMATION — FOR RESEARCH PURPOSES ONLY

Race: White Black Other Ethnicity: Hispanic Non-Hispanic Gender: Male Female Year of Birth: _____
Asian Native American

Proceed to VESSA Complaint Form

VICTIMS' ECONOMIC SECURITY AND SAFETY ACT (VESSA) COMPLAINT FORM

Illinois Department of Labor
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
(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

Corporation Name, if any

Employer Contact Name

(_____) _____
Contact Phone #

Number of Employees

Industry of Employer

Is this employer still in business? Yes No

II. EMPLOYEE INFORMATION :

Last Name First Name

Email

III. TERMS OF EMPLOYMENT :

1. Did you sign an employment contract or agreement?

Yes No (If "yes", please attach a copy.)

2. Were you an independent contractor?

Yes No

3. In what city and state did you perform your work?

IV. COMPLAINT DETAILS :

4. Did you request to take VESSA leave? Yes No

5. Did your employer permit you to take VESSA leave?

Yes (If "yes", what were the beginning and end dates of each leave period? _____.)

No (If "no", state the reason, if any, your employer gave you for denying VESSA leave: _____.)

6. Did you voluntarily elect to substitute vacation, sick leave, and/or paid time off during any portion of VESSA leave? Yes No

7. Did your employer maintain the confidentiality of your request to take VESSA leave? Yes No

8. Did your employer maintain your group health plan benefits during your VESSA leave? Yes No

9. Did your employer restore you to the same or equivalent position upon your return from leave? Yes No

(If "no", please explain. _____.)

10. As a result of VESSA leave, did you forfeit seniority or employment benefits accrued prior to the date of leave? Yes No

(If "yes", please explain. _____.)

_____.)

11. Were you discharged? Yes No (If "yes", state reason: _____.)

12. Did your employer harass, discriminate against, or deny you any other right under VESSA? Yes No

(If "yes", please identify each specific violation, and attach additional sheets, if necessary. _____.)

_____.)

V. 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 _____