



Illinois Department Of Labor
 Fair Labor Standards Division
 160 North LaSalle Street, Ste 1300
 Chicago, Illinois 60601

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<http://labor.illinois.gov/>

DAY & TEMPORARY LABOR SERVICE ACT COMPLAINT FORM

Business Information

Name of Establishment _____

Address _____ Address 2 _____

City _____ State _____ ZIP Code _____ County _____

Complainant Information

Name of Complainant _____

Address _____ Address 2 _____

City _____ State _____ ZIP Code _____ Telephone _____ Email _____

Employment Information

Description of Complaint

Dates of Employment

From	To	Daily Rate of Pay	Daily Hours Worked
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Use additional sheets if necessary and attach copies of all supporting documents and other evidence.

Signature _____ Date _____

OFFICIAL USE	File _____	CO _____
	Type _____	Date Received _____