



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

Nurse Agency Licensing Act Complaint Form

AGENCY INFORMATION

Name of Nurse Agency _____

Address _____ City _____ State _____ Zip _____ County _____

COMPLAINANT INFORMATION

Name of Complainant _____ Phone _____ E-mail Address _____

Individual Submitting this Complaint (check all that apply): Nurse Nurse Agency Healthcare Facility
 Address _____ City _____ State _____ Zip _____ County _____

Preferred Method of Contact: _____

Nature of Your Complaint (check all that apply):

- Nurse Agency is operating or advertising without a License from the IL Department of Labor (referring or assigning Nurses)
- Nurse Agency is referring or assigning nurses who are not licensed or misclassifying nurses as independent contractors
- Nurse Agency is directing nurses to recruit among permanent employees of Health Care Facility as condition of employment
- Nurse Agency is in violation of *Standards for Operation of an Agency* ([admin. Code Section 690.70](#)). Please provide examples below.

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

 Signature Date

Official Use Only	
File	CO
_____	_____
Type	Date Received
_____	_____