



Illinois Department Of Labor  
 Fair Labor Standards Division  
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 1300 Chicago, Illinois 60601  
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<http://labor.illinois.gov/>

# ONE DAY REST IN SEVEN COMPLAINT FORM

## Business Information

Name of Establishment				Owner/Contact Name	
Street Address				Department	
City	State	ZIP Code	County	Business Telephone Number	
Type of Industry			Number of Employees		
Email			Website		

## Complainant Information

Name of Complainant					
Street Address				City	State
ZIP Code	County	Daytime Telephone Number		Email	
Job Classification			Date of Hire	Last Day Worked	
Is the Complainant covered by a Collective Bargaining Agreement?			_____	Did you sign an employment or contract agreement?	
Is the company still open?		_____	Did you perform the work in Illinois?		_____
Date/Time Period of the alleged violation					
FROM		TO			

## Complaint Description

BY ACCEPTING AND SUBMITTING THIS FORM, THE COMPLAINANT AFFIRMS AND CERTIFIES THAT ALL INFORMATION PROVIDED AND THE STATEMENTS MADE HERIN ARE TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICAL USE	File	CO
	Type	Date Received