



# ILLINOIS DEPARTMENT OF LABOR

160 North LaSalle Street, Ste 1300

Chicago, Illinois 60601

Telephone: 217/782-1710

http://labor.illinois.gov

## ECA REPORTING REQUIREMENT COMPLAINT FORM

820 ILCS 185/1-999

### COMPLAINANT INFORMATION

NAME: \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ORGANIZATION (if appropriate): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF?  Yes  No IF NO, LIST ON WHOSE BEHALF THE COMPLAINT IS BEING FILED:

INDIVIDUAL/ORGANIZATION NAME: \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_

HAVE YOU OR ANYONE ELSE FILED A CIVIL ACTION IN COURT REGARDING THIS MATTER?  Yes  No  Unknown

### CONTRACTOR INFORMATION

COMPANY/CONTRACTOR: \_\_\_\_\_ DOING BUSINESS AS: \_\_\_\_\_

OWNER: \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ FEIN NUMBER: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION OF CONTRACTOR?  Sole Proprietorship  Partnership  Corporation  Limited Liability Company (LLC)  Unknown

I certify that the contractor listed above had construction services performed for it in calendar year \_\_\_\_\_ by an individual, sole proprietorship or partnership that is not an employee of the contractor and that the contractor did not complete a submission with the Illinois Department of Labor by April 30, \_\_\_\_\_.

I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_