



Illinois Department Of Labor
 Fair Labor Standards Division
 160 North Lasalle Street, Ste 1300
 Chicago, Illinois 60601
 800-645-5784
 DOL.ChildLaborComplaints@illinois.gov
<http://labor.illinois.gov/>

CHILD LABOR LAW COMPLAINT FORM

Business Information

Name of Establishment _____
Owner/Contact Name

Street Address

City State ZIP Code County _____
Business Telephone Number

Type of Business

Minor Information

Name of Minor _____
Age of Minor _____
Hours Working

What Type of Worked Was Being Performed? _____
Does Minor Have A Work Permit?

When Was Minor Observed?

Complainant Information

Name of Complainant

Phone Number _____
Email Address

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.

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

Signature _____
Date

OFFICAL USE	File	CO
	Type	Date Received