



Illinois Department Of Labor Fair Labor Standards Division
160 North Lasalle Street, Ste 1300
Chicago, Illinois 60601
DOL.DayLabor@illinois.gov; <http://labor.illinois.gov/>

DAY & TEMPORARY LABOR SERVICE ACT COMPLAINT FORM

Is your complaint against the Day/Temp Labor Agency, Third-Party Client/Worksite, or Both?

<input type="checkbox"/> Day/Temp Labor Agency	<input type="checkbox"/> Third-Party Client	<input type="checkbox"/> Both
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Day/Temp Agency Information

Name of Business			
Address			
City, State, Zip			
Email:		Phone Number:	
Name of Owner/Contact Person (if known)			

Assigned Work Site/Third-Party Information

Name of Business			
Address, City, State, Zip			
Email:		Phone Number:	
Name of Owner/Contact Person (if known)			

Complainant Information

Type of Complainant:	<input type="checkbox"/> Temporary Worker	<input type="checkbox"/> Interested Party
Name of Complainant		
Address		
City, State, Zip		
Email:		Phone Number:



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Type of Complaint

General and/or more than one issue: list in Narrative below.	Unequal pay or benefits after 90 days of working at the location.	Did not receive adequate health, safety, and hazard training.	Was not told of Right to Refuse assignment due to labor dispute.	Retaliation
<input type="checkbox"/> Check this box if you are filing as an “Interested Party” under the Act and will be seeking a Right to Sue letter				
<input type="checkbox"/> Other:				

Complaint Description

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Dates of Employment

From:	To:	Rate of Pay:	Daily Hours Worked:

Signature

Date

☐ Check this box if you consent to service of process via electronic mail at the email address provided above.