



Illinois Department of Labor
Notice of Discrimination Complaint

**INFORMATION ABOUT FILING A DISCRIMINATION COMPLAINT
WITH THE ILLINOIS DEPARTMENT OF LABOR**

FOR ILLINOIS PUBLIC SECTOR EMPLOYEES ONLY:

Section 110 of the Illinois Occupational Safety and Health Act, prohibits any person from discharging or in any manner retaliating against any employee because the employee has complained about unsafe or unhealthful working conditions or exercised other rights under the Act.

The law requires that complaints be filed within 30 days after the alleged retaliatory action. A complaint of retaliation filed with IDOL must allege that the complainant engaged in activity protected by the discrimination provisions (such as reporting a violation of law), the employer knew about or suspected that activity, the employer subjected the complainant to an adverse action or threatened such action, and the protected activity motivated or contributed to the adverse action. Adverse actions include discharge, demotion, denial of promotion, harassment and generally any other action that would dissuade a reasonable employee from engaging in protected activity.

Upon receipt of a complaint, IDOL will review the complaint form to determine whether to conduct an investigation. If the complaint form is not complete or more information is needed, IDOL will contact the complainant by letter. It is very important that a complainant respond to such contact; if a complainant is unresponsive, IDOL cannot proceed with an investigation and the complaint will be dismissed. If IDOL proceeds with an investigation the employer will be notified of the allegation and permitted to submit a response.

BY LAW, A COMPLAINANT'S INFORMATION, INCLUDING HIS/HER IDENTITY, MUST BE PROVIDED TO THE EMPLOYER. A WHISTLEBLOWER COMPLAINT FILED WITH OSHA CANNOT BE FILED ANONYMOUSLY.

Mail completed complaint form to:
Illinois Department of Labor
Illinois OSHA Division
Lincoln Tower Plaza
524 South 2nd Street, Suite 400
Springfield, Illinois 62701

or email:
dol.whistleblower@illinois.gov



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PART 1 – EMPLOYEE INFORMATION

1. Name (last, first, middle initial) (*required*):

2. Present Address (Street, City, State, Zip) (*required*):

3. Telephone Numbers (include area code) (*at least one required*):

Home: ()

Work: ()

Cell: ()

4. Email Address:

5. Hire Date (Month/Day/Year):

6. Choose One:

Fired

Laid Off

Still Employed

Resigned

7. If You No Longer Work For This Employer, Date The Job Ended (Month/Day/Year):

8. Work Site Address at Place of Employment where Alleged Retaliation Occurred (Street, City, State, Zip):



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9. Job Title at Place of Employment where Alleged Retaliation Occurred:

10. Exclusive bargaining (union) representative (if any):

- Yes No I don't know

11. The person filing this complaint is (check one box):

- Employee Representative of Employee
 Other (specify)

If you are an authorized representative of the complainant, please complete Part 4 – Identification of Representative.

PART 2 – EMPLOYER CONTACT INFORMATION

12. Employer Name (*required*):

13. Name and Title of Management Person (for contact purposes only):

Name:

Title:

Phone:



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14. Name and Title of Supervisor:

Name:

Title:

15. Employer Mailing Address (if different from worksite address in #8):

16. Employer Phone:

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17. Employer Fax:

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18. Employer Email:

19. Type of Business:

PART 3 – ALLEGATION OF DISCRIMINATION

Please answer the questions below in the space provided.

20. What management person is responsible for the retaliation that you are reporting?

Name:

Position/Title:



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21. What are the actions or events that you are reporting to IDOL? *You may check one or more of the boxes below, and/or describe the action(s) in the space provided. (required)*

- Termination Discipline Demotion/Reduced Hours
- Denial of Benefits Failure to Promote Negative Performance Evaluation
- Failure to Hire/Re-Hire Harassment Suspension
- Threat to Take any of the Above Actions Other (please describe):

22. When did the employer take these actions against you? *Please list all relevant date(s) to the best of your recollection. If you cannot remember the exact date(s), please put the approximate date(s).*

23. When did you first learn that the action(s) would be taken against you? *Please list all relevant dates(s) to the best of your recollection. If you cannot remember the exact date(s), please put the approximate date(s).*

24. What reason(s) did the employer give you for each of these actions?



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25. Why do you believe the employer took these actions against you? *You may check one or more of the boxes below, and/or describe the reason in the space provided.*

- Called/Filed with Illinois OSHA
- Called/Filed with Another Agency
- Complained to Management
- Reported an Accident or Injury
- Participated in Safety and Health Activities
- Refused to Perform Task (please specify reason for refusal)
- Testified or provided statement in investigation or other proceedings (please specify)
- Other (please describe)

26. For any of the actions you listed in #25, please provide the relevant date(s) you engaged in that activity.

27. Do you believe the employer knew you engaged in the activity described in #25? If so, how do you think they learned of it?



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28. Have you filed any previous complaints against this employer with Illinois OSHA regarding these or similar retaliatory actions?

Yes No

If yes, please provide the complaint number and date filed.

Complaint Number:

Date filed:

29. Have you taken any other action(s) to appeal, grieve, or report this matter under any other procedure?

Yes No

If yes, please list the agency/organization(s) with whom you have appealed/grieved/reported this matter, the date filed, the current status of the procedure, and any outcome:

PART 4 – WITNESS INFORMATION

Please answer the questions below in the space provided.

30. Are there witnesses who have first-hand knowledge of the allegations?

Yes No

If yes, list the name(s) and contact information.

Witness 1: Name (first, last):

Phone Number:

Witness 2: Name (first, last):

Phone Number:

31. If other employees reported the same allegations and were treated like you, give the person(s) name(s) and explain why you think they were treated that way.



PART 5 – IDENTIFICATION OF REPRESENTATIVE

Complete this part if you are an authorized representative of the complainant. If an investigation is opened, you will be asked to submit a signed Designation of Representative Form that will be sent to you.

If you are filing this complaint on your own behalf, do NOT complete this part.

Name:

Title:

Organization Name (if any):

Union Affiliation (if any):

Address (Street, City, State, Zip Code):

Phone (day): ())

Phone (cell): ())

Email:

By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

PART 5 – CERTIFICATION

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act, Section 120(c). Violations can be charged with Class 4 felony

By checking this box, I certify that the information in this complaint is true and correct to the best of my knowledge and belief.

Date: