

**CHILD EXTENDED
BEREAVEMENT LEAVE ACT
(CEBLA) COMPLAINT FORM**

Illinois Department of Labor
160 North LaSalle Street, Suite
#C-1300 Chicago, Illinois 60601
(312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION
Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence. A copy of this sheet will be sent to the employer.

FOR OFFICE USE ONLY: Claim Number	Received
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I. EMPLOYER INFORMATION :

II. EMPLOYEE INFORMATION :

Employer Name

Address

City *State* *Zip*

Corporation Name, if any

Employer Contact Name *Contact Phone #*

Number of Employees

Is this employer a Government Agency? Yes No

Is this employer still in business? Yes No

Last Name, *First Name*

Address

City *State* *Zip*

Employee Phone #

Email

Name of Second Contact *Second Contact Phone #*

Email

III. COMPLAINT DETAILS :

1. Did you request CEBLA leave? Yes No
2. Did your employer permit you to take CEBLA leave?
Yes If "yes", what were the beginning and end dates of each leave period?
No If "no", state the reason, if any, your employer gave you for denying leave: (Please attach any documents)
3. Did you voluntarily elect to substitute vacation, sick leave, and/or paid time off during any portion of CEBLA leave? Yes No
4. How many hours did you work for your employer in the 12 months before the date of your CEBLA leave request?
5. Did your employer restore you to the same or equivalent position upon your return from leave? Yes No
If "no", please explain.
6. As a result of CEBLA leave, did you forfeit seniority or employment benefits accrued prior to the date of leave? Yes No
If "yes", please explain. (Attach additional sheets if necessary)
7. Were you discharged? Yes No If "yes", state reason:
8. Did your employer discipline, discriminate, or take any other adverse employment action against you for requesting CEBLA leave opposing your employer's practices that you believe violate the CEBLA, or for supporting the exercise of rights under the CEBLA by another employee? Yes No If "yes", please identify each specific action. (Attach additional sheets if necessary)

IV. CERTIFICATION & SIGNATURE: Please sign, date, and return this form with two copies of any attachments to the Illinois Department of Labor at the address listed at the top of this form.

I HEREBY CERTIFY that the statements herein, including attachments, are true and accurate to the best of my knowledge and belief. I understand that acceptance of this complaint by the Illinois Department of Labor does not guarantee any specific result. I authorize the Illinois Department of Labor to receive any monies paid and to mail such monies to me at my own risk.

Date: Employee's Signature