



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 |
|--|---|-------------------------------|

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: | |



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

Type of Complaint

| | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> General and/or more than one issue: list in Narrative below | <input type="checkbox"/> Did not receive adequate health, safety, and hazard training | <input type="checkbox"/> Right to Refuse assignment due to labor dispute | <input type="checkbox"/> 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

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.