Illinois Department Of Labor
Fair Labor Standards Division
160 North Lasalle Street, Ste 1300
Chicago, Illinois 60601
312-793-1805
DOL.ODRISA@illinois.gov
http://labor.illinois.gov/

ONE DAY REST IN SEVEN COMPLAINT FORM

Business Information

Name of Establishment _____ Owner/Contact Name _____

Street Address _____ Department _____

City _____ State _____ ZIP Code _____ County _____ Business Telephone Number _____

Type of Industry _____ Number of Employees _____

Email _____ Website _____

Complainant Information

Name of Complainant _____

Street Address _____ City _____ State _____

ZIP Code _____ County _____ Daytime Telephone Number _____ Email _____

Job Classification _____ Date of Hire _____ Last Day Worked _____

Is the Complainant covered by a Collective Bargaining Agreement? _____ Did you sign an employment or contract agreement? _____

Is the company still open? _____ Did you perform the work in Illinois? _____

Date/Time Period of the alleged violation _____ FROM _____ TO

Complaint Description

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.

OFFICAL USE

File _____ CO _____

Type _____ Date Received _____

Signature _____ Date _____