



## ILLINOIS DEPARTMENT OF LABOR

Fair Labor Standards Division  
Compliance Processing Section  
160 North LaSalle, Suite C-1300  
Chicago, IL 60601-3150  
Day Labor Hotline # (877) 314-7052 (toll free)  
Fax# (312) 814-1210

## DAY LABOR SERVICE ACT COMPLAINT FORM

File #	
C.O.#	
Type:	
County	
Date Rec'd:	

Please Print or type all information:

Use additional sheets if necessary and attach copies of all supporting documents and other evidence.

### Business Information:

Name of Establishment _____	
Address _____	
City _____	State _____
Zip Code _____	County _____

### Complainant Information

Name of Complainant _____	
Address: _____	
City: _____	State & Zip: _____
Telephone # _____	Confidential? <input type="checkbox"/> YES <input type="checkbox"/> NO

Dates of Employment		Daily Rate of Pay	Daily Hours Worked
From _____	To _____	_____	_____
From _____	To _____	_____	_____
From _____	To _____	_____	_____

Describe Complaint:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_