



Illinois Department Of Labor  
 Fair Labor Standards Division  
 160 North LaSalle Street, Ste 1300  
 Chicago, Illinois 60601  
 800-645-5784  
 DOL.ChildLaborLaw@illinois.gov  
 http://labor.illinois.gov/

# CHILD LABOR LAW COMPLAINT FORM

## Business Information

\_\_\_\_\_  
 Name of Establishment Owner/Contact Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State ZIP Code County Business Telephone Number

\_\_\_\_\_  
 Type of Business

## Minor Information

\_\_\_\_\_  
 Name of Minor Age of Minor Hours Working

\_\_\_\_\_  
 What Type of Worked Was Being Performed? Does Minor Have A Work Permit?

\_\_\_\_\_  
 When Was Minor Observed?

## Complainant Information

\_\_\_\_\_  
 Name of Complainant

\_\_\_\_\_  
 Phone Number Email Address

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.

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

\_\_\_\_\_  
 Signature Date

OFFICAL USE	File	CO
	Type	Date Received