Privacy in the Workplace

Illinois Department of Labor - Legal Division
160 N. LaSalle Street, Ste. C-1300
Chicago, Illinois 60601
312-793-1805

Print Form

Complaint Form

PLEASE PRINT OR TYPE ALL INFORMATION

FOR OFFICIAL USE ONLY
File Number: _____
Date Received: _____

Please answer all questions. Use additional sheets if necessary and attach copies of all supporting documents.

COMPLAINANT INFORMATION:

Complainant Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Home Telephone Number _____

Social Security Number _____ Date of Birth _____

Date Hired _____ Last Date Worked _____

EMPLOYER INFORMATION:

Name of Business _____

Address _____

City _____ State _____ Zip _____

Supervisor's Name _____

Supervisor's Telephone Number _____

Type of Business _____

Your Job Title _____

TYPE OF CLAIM (check all that apply):

- ☐ Employment-related action your employer or prospective employer has taken against you for the use of any lawful product outside the workplace during non-working hours.
- ☐ Failure of employer who is using the Employment Eligibility Verification System (E-Verify) to post required Department of Homeland Security and Office of Special Counsel notices in a prominent place clearly visible to prospective employees.
- ☐ Failure of employer representatives who are performing employment verification queries to complete the Computer Based Tutorial.
- ☐ Failure of employer to maintain privacy of employee information contained in E-Verify or to secure access to that System.
- ☐ Employment related issue relating to employer or prospective employer requiring me to provide my password and/or account information in order for the employer or prospective employer to gain access my account or profile on a social networking website.

Describe Complaint: (Please attach additional sheets as necessary to complete this section)

I, the undersigned, do hereby certify that the above information is true and correct.

Signature _____ Date _____

(must have original signature)