



ILLINOIS DEPARTMENT OF LABOR

900 South Spring Street
Springfield, Illinois 62704-2725
Telephone: 217/782-1710
<http://labor.illinois.gov>

EMPLOYEE CLASSIFICATION ACT COMPLAINT FORM
820 ILCS 185/1-999

COMPLAINANT INFORMATION

NAME: _____ DAY PHONE # _____
ADDRESS: _____ CELL PHONE # _____
CITY: _____ STATE: _____ ZIP CODE: _____
ORGANIZATION (if appropriate): _____
EMAIL ADDRESS: _____ FAX # _____

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF? Yes No IF NO, LIST ON WHOSE BEHALF THE COMPLAINT IS BEING FILED:

INDIVIDUAL/ORGANIZATION NAME: _____ DAY PHONE # _____
ADDRESS: _____ CELL PHONE # _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____ FAX # _____

HAVE YOU OR ANYONE ELSE FILED A CIVIL ACTION IN COURT REGARDING THIS MATTER? Yes No Unknown

CONSTRUCTION CONTRACTOR INFORMATION

COMPANY/CONTRACTOR: _____ DOING BUSINESS AS: _____
OWNER: _____ DAY PHONE # _____
ADDRESS: _____ FAX # _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____
NATURE OF BUSINESS: _____ FEIN NUMBER: _____
TYPE OF BUSINESS ORGANIZATION OF CONTRACTOR? Sole Proprietorship Partnership Corporation Limited Liability Company (LLC) Unknown

NATURE OF COMPLAINT

LOCATION OF WORK/SERVICE PERFORMED FOR CONSTRUCTION CONTRACTORS:

ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____
DATE VIOLATION(S) OCCURRED: _____

TYPE OF WORK/SERVICES PERFORMED FOR CONSTRUCTION CONTRACTORS:

Please be specific regarding the type of work or services performed, such as electrical, plumbing, carpentry, etc.

STATEMENT OF FACTS OF ALLEGED VIOLATIONS BY CONSTRUCTION CONTRACTORS:

Please attach additional sheets as necessary. Also include any documentation relevant to the alleged violations.

I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____