



Illinois Department Of Labor
 Conciliation & Mediation Division
 900 S Spring
 Springfield, IL 62704

DOL.Questions@illinois.gov
<http://labor.illinois.gov/>

WARN ACT COMPLAINT FORM

Business Information

Name of Corporation

Street Address _____ City _____ State _____ ZIP Code _____

Business Telephone Number

Name of Company

Street Address _____ City _____ State _____ ZIP Code _____

Business Telephone Number

Plant Closing Effective Date _____ Layoff Effective Date _____

Number of Full-Time Employees _____ Number of Part-Time Employees _____ Number of Employees Involved In Closing/Layoff _____

Union Affiliation

Name of Union _____ Local _____ Trade _____

Street Address _____ City _____ State _____ ZIP Code _____

Business Telephone Number

Complainant Information

Name of Complainant _____ Representative _____

Street Address _____ City _____ State _____ ZIP Code _____

Business Telephone Number _____ Email _____

Please Provide An Explanation Of The Alleged Violation

Signature _____ Date _____