

**ILLINOIS WORKERS' COMPENSATION COMMISSION
COMMISSION REVIEW BOARD COMPLAINT FORM**

ATTENTION. Please type or print.

Employee/Petitioner

Case # _____ WC _____

v.

Employer/Respondent

Petitioner's name Street address City, State, Zip code

Date of birth Email address Last 4 digits of SSN or Alien Reg #

Employer's name Street address City, State, Zip code

Briefly explain your complaint:

The Privacy Act of 1979 (P.A. 93-570) prohibits the disclosure of information of a personal nature from the files of individuals without their consent. By signing below, you authorize the IWCC to access any and all records that relate to this complaint.

Signature Name (printed) Date