



Illinois Department Of Labor  
Fair Labor Standards Division  
160 North Lasalle Street, Ste 1300  
Chicago, Illinois 60601  
800-645-5784  
DOL.ChildLaborComplaints@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

OFFICIAL USE

File

CO

Type

Date Received