



ILLINOIS DEPARTMENT OF LABOR
 160 North LaSalle Street, Suite #C-1300
 Chicago, Illinois 60601
<http://labor.illinois.gov/>

PLEASE PRINT OR TYPE ALL INFORMATION

Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence.

FOR OFFICE USE ONLY: Claim Number

Received

EQUAL PAY COMPLAINT FORM

I. EMPLOYEE INFORMATION:

Last name: _____ First name: _____ Initial: _____ Male _____ Female _____
 What is your race: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Home phone number: _____ Work phone number: _____
 Date you were hired: _____ Your last day worked: _____
 Your job title with employer: _____ Start date in title: _____ End date in title: _____

II. EMPLOYER INFORMATION:

Employer Name: _____ Is this employer still in business? Yes _____ No _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Corporation name, if any: _____ Number of employees: _____
 Employer contact name: _____ Contact phone number: _____
 Name of your direct supervisor: _____ Industry of employer: _____

Name and title of person(s) interviewed with: _____

III. CAUSE OF DISCRIMINATION:

- | | | | |
|--|-----|----|---|
| 1. Were you asked for your prior salary or benefits? | Yes | No | If yes, date of the prior salary inquiry: |
| 2. Were you underpaid because of your gender? | Yes | No | If yes, date of underpayment: |
| 3. Were you underpaid because of your race? | Yes | No | If yes, date of underpayment: |
| 4. Did you experience retaliation? | Yes | No | If yes, date(s) of retaliation: |

IV. EMPLOYMENT INFORMATION:

1. Did you sign an employment contract or agreement? Yes (if yes, attach a copy) No 2. Were you an independent contractor? Yes No
3. Employment status with this employer? Quit Discharged Still employed Was not offered employment
4. If discharged, state reason: _____
5. If not offered employment, state reason: _____
6. Did you supervise anyone? Yes No
7. Did your job require a college degree, formal education, or training? Yes No If yes, specify: _____
8. What type of work did you perform? (For example: carpentry, data entry, nursing)
9. List primary duties and responsibilities:
 A. _____ C. _____
 B. _____ D. _____
10. Address, city, state and zip code where work was performed?
11. In what county was your work performed? 12. Rate of pay: \$ _____ per
13. How often were you paid?: Weekly Bi-Weekly Monthly Semi-Monthly Other (explain:)
14. Other type of compensation (Check all that apply):
 Vacation Pay Sick Leave Holiday Pay Overtime Pay Health/Life Insurance Commissions
 Pension/401K Profit Sharing Bonus Other (describe:)

V. COMPLAINT DETAILS & STATEMENT OF FACT:

1. In the space provided below, please state the facts concerning the alleged violation. Please be as specific as possible. Attach additional sheets if needed.

2. In the space provided below, please identify each specific harm you have suffered as a consequence of the alleged violation, including the date(s) and place(s) in which the alleged violations occurred. Attach additional sheets if necessary.

Specific Harm

Date(s)

Place(s)

3. Are any of the matters listed above pending in State or Federal court?

Yes No If yes, explain:

4. Are any of the matters listed above pending at the Illinois Department of Human Rights or the EEOC?

Yes No If yes, explain:

5. Please provide the name and telephone number of someone who will know how to reach you:

Last name:

First name:

Phone number:

Relationship:

VI. CERTIFICATION & SIGNATURE:

I HEREBY CERTIFY that the statements herein, including attachments, are true and accurate to the best of my knowledge and belief. I UNDERSTAND that acceptance of this complaint by the Illinois Department of Labor does not guarantee collection. I AUTHORIZE the Department of Labor to receive any monies paid and to mail such monies to me at my own risk.

Date:

Employee Signature: