



ILLINOIS DEPARTMENT OF LABOR

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Print Form

EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT COMPLAINT FORM

COMPLAINANT INFORMATION

NAME: TITLE: ORGANIZATION: ADDRESS: CITY: STATE: ZIP CODE: DAY PHONE # FAX # OTHER #

CONTRACTOR/PROJECT INFORMATION

NAME OF COMPANY: OWNER: GENERAL CONTRACTOR SUB-CONTRACTOR ADDRESS: CITY: STATE: ZIP CODE: DAY PHONE # FAX # OTHER # PROJECT/CONTRACT NUMBER: COUNTY:

LOCATION OF PROJECT: CITY: STATE: ZIP CODE: IS WORK CURRENTLY BEING DONE NOW? YES NO IF NO, ENTER TIME COMPLETED:

DATE OF SITE VISIT(S): NATURE OF PROJECT: NUMBER OF WORKERS OBSERVED: CLASSIFICATIONS: DESCRIBE WORK BEING PERFORMED, LABOR CLASSIFICATIONS, AND INFORMATION THAT THE WORKERS ARE NON-ILLINOIS RESIDENTS. (Use additional page if needed)

PUBLIC BODY INFORMATION

PUBLIC BODY: ADMINISTRATOR: ADDRESS: CITY: STATE: ZIP CODE: DAY PHONE # FAX # OTHER #

SUPPORTING DOCUMENTATION

EMPLOYEE NAMES, CONTACT INFORMATION, AND INTERVIEWS SHOULD BE SUBMITTED WITH THIS FORM WHENEVER POSSIBLE PLEASE CHECK THE BOX IDENTIFYING THE INFORMATION SUBMITTED WITH YOUR CLAIM
EMPLOYEE INTERVIEWS PROJECT MANAGER REPORTS CHECK STUBS
BIDDING REPORTS OTHER PICTURES/VIDEO
PUBLIC BODY DOCUMENTS MINUTES FROM MEETINGS SECRETARY OF STATE
CORPORATE SEARCH
NEWS ARTICLE(S)

Signature: Date: