



IL DEPARTMENT OF LABOR

Fair Labor Standards Division
Compliance Processing Section
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CHILD LABOR COMPLAINT FORM

For Office Use Only

File #:	
C. O. #:	
Type:	
County	
Code:	
Date	
Received:	

Please print or type all information:
Use additional sheets if necessary and attach copies of all supporting documents and other evidence.

Business Information:			
Name of Establishment:			
Owner or Contact Name if Known:			
Street Address (not a P. O. Box):			
City:	State:	Zip Code:	
Business Telephone Number:	County:		
Type of Business:			
Minor Information:			
Name of Minor:			
Age of Minor:	Hours Minor is Working:		
What Type of Work is the Minor Doing?			
When Was the Minor Observed at Work?			
Does the Minor Have A Work Permit?			
Complainant Information:			
Name of Complainant:			
Daytime Telephone Number:	Other Telephone Number:		

Signature: _____ Date: _____