



IL DEPARTMENT OF LABOR
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**Privacy in the Workplace
 Complaint Form**

For Office Use Only	
Date Received:	
File #:	
Reviewed By:	

Please print and answer all questions. Use additional sheets if necessary and attach copies of all supporting documents.

COMPLAINANT INFORMATION:			
Complainant Name:			
Address:			
City:		State:	Zip Code:
Daytime Telephone Number:			Work Telephone Number:
Social Security Number:	Date of Birth:		
EMPLOYER INFORMATION:			
Name of Business:			
Address:			
City:		State:	Zip Code:
Supervisor's Name:			
Supervisor's Telephone Number:			
Type of Business:			
Your Job Title:			
TYPE OF CLAIM (check all that apply):			
<input type="checkbox"/> Employment-related action your employer or prospective employer has taken against you for the use of any lawful product outside the workplace during non-working hours <input type="checkbox"/> Failure of employer who is using the Employment Eligibility Verification System (E-Verify) to post required Department of Homeland Security and Office of Special Counsel notices in a prominent place clearly visible to prospective employees <input type="checkbox"/> Failure of employer representatives who are performing employment verification queries to complete the Computer Based Tutorial <input type="checkbox"/> Failure of employer to maintain privacy of employee information contained in E-Verify or to secure access to that System			
DESCRIBE COMPLAINT: (Please attach additional sheets as necessary to complete this section)			

I, the undersigned, do hereby certify that the above information is true and correct.

Signature: _____ Date: _____