



KWAME RAOUL

Illinois Attorney General
Workplace Rights Bureau
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1-844-740-5076
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E-mail: workplacerrights@atg.state.il.us
www.IllinoisAttorneyGeneral.gov

Fill out the form online and click submit at the end of the form to send by email or print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:	PERSON OR ENTITY YOU ARE COMPLAINING ABOUT:
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Name: Mr. Mrs. Ms. (check one)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Your Telephone Number:

Daytime: _____ Ext: _____

Evening: _____ Ext: _____

Your e-mail address (optional): _____

Has this matter been submitted to another government agency, an arbitration service, or to any attorney? Yes No

If yes, please give name, address, telephone: _____

Is court action pending? Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you are employed by a temp agency or employment agency, please provide the agency's name if different from above.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Ext: _____

Website: _____

YOUR COMPLAINT	DO NOT SEND ORIGINALS
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Your Complaint is based on [check appropriate box(es)]:

<input type="checkbox"/> Unpaid Wages	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Unpredictable Scheduling
<input type="checkbox"/> Wages, Hours, Overtime	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Unfair Treatment, Threats, or Abuse	<input type="checkbox"/> Other (Please specify) _____
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Non-compete Agreements or Employment Contracts	

Please describe your problem or concern. Please include dates, names and contact information. You may use additional sheets if necessary.

CONTINUE ON NEXT PAGE

YOUR COMPLAINT, continued _____

PLEASE DO NOT SEND ORIGINALS, ATTACH COPIES OF DOCUMENTS THAT RELATE TO YOUR COMPLAINT.

Have other workers experienced your same problem or concern? If so, please explain. _____

If any of those coworkers or witnesses are willing to be contacted, please list their names and contact information.

Name/Phone/E-mail: _____

Name/Phone/E-mail: _____

Name/Phone/E-mail: _____

PLEASE READ AND SIGN BELOW:

The Workplace Rights Bureau will carefully evaluate your allegations to determine whether to initiate an investigation. That decision should not be considered a determination of the merits of your allegations or the result of a comprehensive finding of fact or law.

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces Illinois laws on behalf of the people of the state. I also understand that if I have any questions concerning my individual legal rights or responsibilities, I should contact a private attorney.

Signature: _____

Date: _____