



CITY OF CHICAGO
 DEPARTMENT OF BUSINESS AFFAIRS
 AND CONSUMER PROTECTION
 121 N. LaSalle St., Room 805
 Chicago, IL 60602
 Tel. 312-744-2211
www.chicago.gov/laborstandards

<u>OFFICE USE</u>
Date Received: _____
Processed By: _____
CSR#: _____

OFFICE OF LABOR STANDARDS COMPLAINT FORM

INSTRUCTIONS

- Complete this form to the fullest extent possible
- Sign and date the form
- Upon receipt of the form, the Office of Labor Standards will call upon you for an intake interview to gather further information

COMPLAINT INFORMATION

In what language do you prefer to communicate with us? _____

Business Name: _____

Type of Business: _____

Address: _____
City
State
Zip Code

Phone Number: _____

What is your complaint about? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wage Theft | <input type="checkbox"/> Fair Workweek (scheduling) |
| <input type="checkbox"/> Minimum Wage | <input type="checkbox"/> Anti-Retaliation (retaliation related to COVID-19) |
| <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Domestic Worker Complaint |

What is your complaint?

**PLEASE CONTINUE TO NEXT PAGE
 (NEXT PAGE MUST BE COMPLETED AND SIGNED)**

COMPLAINT INFORMATION

First Name: _____ Last Name: _____

Your Phone Number: _____

Your E-Mail Address: _____

What is your job? _____

Are you an independent contractor? _____

How many people work alongside you for your employer? _____

Are you a member of a union? _____

Additional questions for Fair Workweek (scheduling) complaints.

Do you perform most of your work in building services, hotels, healthcare, manufacturing, warehouse services, retail, or restaurants?

Yes No

How much do you earn per hour (or in salary)? _____

You may designate an alternate contact in the case that we are unable to reach you.

Alternate Contact Name: _____

Your relationship to the alternate contact: _____

Alternate Contact Phone Number: _____

Alternate Contact E-Mail Address: _____

READ THE FOLLOWING BEFORE SIGNING:



The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

Your electronic signature is the same as a handwritten signature for the purposes of legal effect, enforceability, and admissibility.

Signature

Date

PLEASE SUBMIT BY MAIL, E-MAIL, OR FAX:

Mail to: Department of Business Affairs and Consumer Protection (BACP)

Attn: Office of Labor Standards

2350 W. Ogden Ave.

Chicago, IL 60608

or

Email: BACPlaborstandards@cityofchicago.org

or

Fax: 312.743.1841

Note: If you are faxing this form, please include a fax cover sheet

